



Town of Chesterfield
112 Main St
Chesterfield, SC 29709
843-623-2131

BUILDING PERMIT APPLICATION



Department of Building Safety
4795 South Church St. Ext. - Suite 2
Roebuck, SC 29376
864-586-6111

PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2

PROOF OF ID MUST BE SUBMITTED WITH APPLICATION

CONTRACTORS: MUST HAVE A CITY BUSINESS LICENSE PRIOR TO APPLYING FOR PERMIT

(*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____	B _____ F _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS
PERMIT NUMBER: _____	FLOOD _____	CONV. FEE: \$ _____	
PLANS APPROVED? YES _____ NO _____	PW _____	TOTAL: \$ _____	
ZONING APPROVED? YES _____ NO _____	SIGN _____		

PROPERTY LOCATION/ADDRESS: Complete this section

Parcel ID #:

NAME OF BUSINESS/LESSEE:	SHOPPING CENTER / DEVELOPMENT NAME:
--------------------------	-------------------------------------

STREET ADDRESS:	CITY:	STATE:	ZIP:
-----------------	-------	--------	------

CONTRACTOR CONTACT INFORMATION:

STATE LICENSE (LLR) #:

BUSINESS NAME:	D/B/A:
----------------	--------

BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP:
---------------------------	-------	--------	------

BUSINESS CONTACT'S NAME:	BUSINESS PHONE # WITH AREA CODE:
--------------------------	----------------------------------

BUSINESS CONTACT'S EMAIL ADDRESS:	BUSINESS CONTACT'S PHONE # WITH AREA CODE:
-----------------------------------	--------------------------------------------

PROJECT CONTACT INFORMATION:

PROJECT REVIEW LETTERS WILL BE EMAILED TO ALL PARTIES

PROJECT SUPERINTENDENT:	EMAIL ADDRESS:	PHONE # WITH AREA CODE:
-------------------------	----------------	-------------------------

ENGINEER:	EMAIL ADDRESS:	PHONE # WITH AREA CODE:
-----------	----------------	-------------------------

ARCHITECT:	EMAIL ADDRESS:	PHONE # WITH AREA CODE:
------------	----------------	-------------------------

PROPERTY OWNER:	EMAIL ADDRESS:	PHONE # WITH AREA CODE:
-----------------	----------------	-------------------------

DESCRIPTION OF WORK:

Blank space for describing the work.

PROPERTY TYPE: RESIDENTIAL COMMERCIAL

TYPE OF WORK (check all that apply):

NEW REMODEL REPAIRS ADDITION (commercial only)

GROSS SQUARE FOOTAGE OF ENTIRE BUILDING: _____ GROSS SQUARE FOOTAGE OF THE TENANT SPACE: _____

UTILITIES / SEWER: RESIDENTIAL ONLY SEWER: Plans Required for New Construction or Adding Fixtures: Two (2) Copies of Site and Drainage Plans

POWER COMPANY: _____ SEWER: _____
GAS COMPANY: _____ TOWN OF: Chesterfield
PAID RECEIPT REQUIRED

CHANGE OF USE: YES NO

ZONING DISTRICT: _____
Project Type: Single Tenant Multi-Tenant Is the building over 5,000 Sq. Ft.? YES NO
Multi-Family: Condominium Apartments Has the site been vacant over 180 days? YES NO

(*A) CONTRACT AMOUNT: \$ _____ Do you have a current business license? Yes, #: _____ No

CONTRACTORS: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.

Town of Chesterfield
BUILDING CODES FEE SCHEDULE - EFFECTIVE July 1, 2024
FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE

IMPORTANT NOTES

- For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website.

IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NONREFUNDABLE.
ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.

A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.

THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.

SIGNATURE:

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

I certify the information given on this application is true and correct.

APPLICANT NAME (PRINTED):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:		APPLICANT'S PHONE # WITH AREA CODE:
APPLICANT'S SIGNATURE:		

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS

Submit