

Rowesville, SC 29133 803-534-2745

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

			OFFICE US	E ONLY:						
APPLICATION SUBMITTAL DATE:			Ţ		PERMIT FEE: \$				FACILITATOR'S	
PERMIT NUMBER(S):			COMMER		CONV. FEE: \$				INITIALS	
ENGINEER REQUIRED: YESNO			RESIDEN	TIAL	TOTAL: \$					
DESCRIPTION OF WORK:										
POWER COMPANY:	>>>									
TYPE OF WORK (check all	that appl	y):								
NEW		REMODEL		REPAIRS	S	ADDITI	ION			
SIZE OF SERVICE: AMPS		PHASE		VOLTAGE						
ROSS SQUARE FOOTAGE OF ENTIRE BUILDING:				GROSS SQUARE FOOTAGE OF THE TENANT SPACE:						
RESIDENTIAL PROJECT: - Complete this section				PARCEL ID #:						
PROPERTY OWNER'S NAME:				PROPERTY OWNER'S PHONE # WITH AREA CODE:						
PROPERTY OWNER'S MAILING ADDRESS:				CITY:			STATE:	ZIP:		
INSTALLATION STREET ADDRESS:				CITY:			STATE:	ZIP:		
PROPERTY OWNER'S EMAIL ADDRESS:				<u> </u>						
COMMERCIAL PROJECT: - Complete this section				PARCEL ID #:						
PROPERTY OWNER'S NAME:				PROPERTY OWNER'S PHONE # WITH AREA CODE:					WITH AREA	
NAME OF BUSINESS/LESSEE:				SHOPPING CENTER / DEVELOPMENT NAME:						
BUSINESS MAILING ADDRESS:				CITY:			STATE:	ZIP:		
INSTALLATION STREET ADDRESS:				CITY:			STATE:	ZIP:		
PROPERTY OWNER'S EMAIL ADDRESS:								1		

CONTRACTOR CONTACT INFORMA	TION:		STATE LICENSE (LI	LR) #:							
BUSINESS NAME:	D/B/A:										
BUSINESS MAILING ADDRESS:			CITY: STATE			TE: ZIP:					
BUSINESS CONTACT'S NAME:			BUSINESS PHONE # WITH			WITH AREA CODE:					
BUSINESS CONTACT'S EMAIL ADDRESS:	BUSINESS CONTACT'S PHONE # WITH AREA CODE:										
(*A) CONTRACT AMOUNT:	\$	Do you have a current business license? Yes, #: No									
CONTRACTORS: A CITY BUSINESS LIC	•			MIT AND	COND	JCT WORK.					
Town of Rowesville BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020 FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE											
	IMPORTA	NT NO	TES								
 RESIDENTIAL ELECTRICAL PROJECTS-detectors are required to meet the SCRC as lienter of the RESIDENTIAL POWER RECONNECT - Resupplemental electrode required SCRC E30 continuous conductor with listed connector, cannot enter the residence to ensure smoke of inspection the contractor confirm the residence NOTE: If power is off for more than 180 day on letter) is required. This letter must state the file with our office. COMMERCIAL POWER RECONNECT - Comet for grounding electrode system, inspector from a licensed commercial contractor (licenstructure's electrical system is safe for power. For individuals wishing to build and/or improcontractor, a Residential Disclosure Certification. 	isted in section R314.2.2. esidential power reconn 608.4, two 8' grounding or a single with =/< 25 detectors are installed, ance has smoke detectors at the residence a sign that the residence's electron or must verify these requires number must appear connection and a copy rove their own home wittion Form is required.	ect to loca rods at a r -ohm resis letter will s installed ed letter fi rical syster nnects to l uirements, r on letter, must be o ithout the This form	l power purveyoninimum of six fance, shall be meed to state that as required by the form a licensed elem is safe for power ocal power purveys on entering structure is required. This in file with our of use of a licensed is available on o	r. The cu feet apart tet. If at ti tt prior to the SCRC se ectrician er connect eyor. The cture may s letter may fice. residentia ur websit	arrent cc and pro- ime of in- o calling section I (license ction and e current y be req- ust state al builde te.	ode requirement operly sized aspection, inspector for the final R314.2.2. number must appear d a copy must be on t NEC will need to be uired. A signed letter that the commercial er or specialty					
REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PI FEE (residential/commercial)WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXP ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MININMUM FEE.	THERE WILL BE	NIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS. E A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.									
SIGNATURE:											
By signing this application, I hereby certify that I am the owner in this application is true/correct and that all work will comif any information provided is found to be incorrect or false and local ordinances. The Department Of Building Safety shall be a superior or the department of Building Safety shall be a superior or the department of Building Safety shall be a superior or the superior of	ply with the South Carolina ly stated that this permit wi	State Buildin II be null and	g Code and all othed void and that I ma	er applicable ay be respo	e state ar onsible for	nd local laws. I understand that violation of other related laws					
APPLICANT'S NAME (printed)	COMPANY NAME:			TITLE:							
APPLICANT'S EMAIL ADDRESS:					T'S PHONE	E # WITH AREA					
APPLICANT'S SIGNATURE:				CODE:							

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