



7300 Woodrow Street
P.O. Box 406
Irmo, SC 29063
803-781-7050

ELECTRICAL PERMIT APPLICATION



Department of Building Safety
CC&I Services, LLC
4795 South Church St. Ext. - Suite 2
Roebuck, SC 29376

Email completed application and required documents to permits@cciservicesllc.com.

CONTRACTORS: MUST HAVE A TOWN 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: _____	COMMERCIAL _____ RESIDENTIAL _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS _____
PERMIT NUMBER(S): _____		CONV. FEE: \$ _____	
ENGINEER REQUIRED: YES _____ NO _____		TOTAL: \$ _____	

DESCRIPTION OF WORK:

POWER COMPANY: >>> _____

TYPE OF WORK (check all that apply):

NEW	REMODEL	REPAIRS	ADDITION
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SIZE OF SERVICE:	AMPS	PHASE	VOLTAGE
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GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:	GROSS SQUARE FOOTAGE OF THE TENANT SPACE:
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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:			

COMMERCIAL PROJECT: - Complete this section

PARCEL ID #:

PROPERTY OWNER'S NAME:	PROPERTY OWNER'S PHONE # WITH AREA CODE:		
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:			

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:	
(*A) CONTRACT AMOUNT:	\$	Do you have a current business license? Yes, #: No	
<p align="center">CONTRACTORS: YOU MUST PURCHASE A TOWN BUSINESS LICENSE IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.</p> <p align="center">Town of Irmo</p> <p align="center">BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020</p> <p align="center">For information on how to apply and calculate residential/commercial fees please click on the link: http://www.cciservicesllc.com/Department-Building-Safety</p>			
Electrical Permit			
		RESIDENTIAL TOTAL PERMIT FEE	\$ <input type="text"/>
		COMMERCIAL TOTAL PERMIT FEE	\$ <input type="text"/>
<p align="center">IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NON-REFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION (Building, Mechanical, Plumbing, Electrical, Fire). ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.</p>			
RE-INSPECTION FEE For 2nd and subsequent inspections..... \$65.00		A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.	
PERMIT RENEWAL &/or UPDATE FEE \$53.00 per each.		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.			
All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.			
*** ELECTRICAL GROUNDING MUST MEET CURRENT CODE REQUIREMENTS. IF POWER HAS BEEN DISCONNECTED FOR 180 DAYS OR MORE, A LETTER MUST BE PROVIDED FROM A LICENSED ELECTRICAL CONTRACTOR STATING ELECTRICAL IN STRUCTURE IS SAFE FOR ELECTRICAL SERVICE CONNECTION.			
APPLICANT'S 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