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

DEMOLITION PERMIT APPLICATION

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

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: _____	RESIDENTIAL _____	PERMIT FEE: $_____	FACILITATOR'S INITIALS:
PERMIT NUMBER(S): _____	COMMERCIAL _____	CONV. FEE: $_____	_____
		TOTAL: $_____	

ASBESTOS:

DOES THE STRUCTURE CONTAIN ASBESTOS?

YES _____ **(if yes, please provide letter of its removal)** NO _____

CONFIRMATION LETTERS RECEIVED: please write yes, no, or n/a as it applies

WATER _____ SEWER _____ GAS _____ POWER _____ DHEC _____

RESIDENTIAL PROJECT: - Complete this section

PARCEL ID #:

PROPERTY OWNER'S NAME:			PROPERTY OWNER'S PHONE # WITH AREA CODE:
STREET ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER'S EMAIL ADDRESS:			

COMMERCIAL PROJECT: - Complete this section

PARCEL ID #:

NAME OF BUSINESS/LESSEE:	SHOPPING CENTER / DEVELOPMENT NAME:		
BUSINESS/PROJECT STREET ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER'S NAME:			PROPERTY OWNER'S PHONE # WITH AREA CODE:
PROPERTY OWNER'S MAILING ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER'S EMAIL ADDRESS:			

CONTRACTOR CONTACT INFORMATION:

STATE LICENSE (LLR) #:

BUSINESS NAME:	D/B/A:		
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 ☐

Contractors: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO CONDUCT WORK.

Town of Irmo

BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020

http://www.cciservicesllc.com/Department-Building-Safety

Demolition Permit

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 MININMUM FEE.

RE-INSPECTION FEE
For 2nd and subsequent inspections..... $65.00

PERMIT RENEWAL &/or UPDATE FEE
$53.00 per each.

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.

All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.

I understand that I must contact the Department of Building Safety upon start of demolition and confirm the expected completion date.

APPLICANT (printed name):	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