

PO Box 23

Williams, SC 29493-0023

PERMIT APPLICATION



Department of Building Safety CC&I Services, LLC 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:				PERMIT FEE: \$				20 ITATORIS	
PERMIT NUMBER(S):			RCIAL	CONV. FEE: \$				FACILITATOR'S INITIALS	
ENGINEER REQUIRED: YESNO		RESIDENTIAL		TOTAL: \$					
DESCRIPTION OF WORK:									
							_		
POWER COMPANY: >>>									
TYPE OF WORK (check all that app	oly):								
NEW	REMODEL		REPAIRS	3	ADDITI	ON			
SIZE OF SERVICE: AMPS	РНА	PHASE		VOLTAGE					
GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:		GROSS SQUAR			E 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:					1				
COMMERCIAL PROJECT: - Complete this section			PARCEL ID #:						
PROPERTY OWNER'S NAME:			PROPERTY OWNER'S PHONE # WITH 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:									

CONTRACTOR CONTACT INFORMA	TION:			STATE LICENSE (LI	LR) #:						
CONTRACTOR CONTACT INFORMATION: BUSINESS NAME:					•						
DUSINESS NAIVIE:		D/B/A:									
BUSINESS MAILING ADDRESS:		CITY: STAT				STATE:	ZIP:				
BUSINESS CONTACT'S NAME:		BUSINESS PHONE # WITH AREA CODE:					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 LICENSE IS REQUIRED IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.											
Town of Williams BUILDING CODES FEE SCHEDULE - EFFECTIVE September 14, 2020 FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE											
IMPORTANT NOTES											
 RESIDENTIAL ELECTRICAL PROJECTS detectors are required to meet the SCRC as li RESIDENTIAL POWER RECONNECT - Re "Supplemental electrode required" SCRC E36 continuous conductor with listed connector, cannot enter the residence to ensure smoke d inspection the contractor confirm the residen NOTE: If power is off for more than 180 days 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 (licen structure's electrical system is safe for power for individuals wishing to build and/or improcontractor, a Residential Disclosure Certifical In the EVENT OF A REQUEST FOR CANCELLATION OR DEPEND OF A DEPORT THE MINIMUM DEPARTMENT THE MIN	isted in section R314.2.2 esidential power reconn 608.4, two foot groundit or a single with =/< 25 detectors are installed, and the residence a sign the residence as at the residence's electron or must verify these requise number must appeal connection and a copy rove their own home wittion Form is required.	2. nect to lo ng rods a n-ohm res n letter w s installe ned letter rical syst nnects to nuiremen ar on lette must be ithout th This for	at a a esist vill red a refrection to lo nts, ster)	power purveyor a minimum of si cance, shall be m need to state that as required by the om a licensed ele a is safe for power ocal power purve so entering stru- is required. This a file with our of use of a licensed is available on o	r. The ox feet aget. If at the prior of the SCRC ectricians of the sector of the secto	time of into calling a section in (license ection and a section) are currently be required to the curre	ode requirement properly sized nspection, inspector for the final R314.2.2. number must appear d a copy must be on t NEC will need to be quired. A signed letter e that the commercial er or specialty				
FEE (residential/commercial)WILL BE NONREFUNDABLE.			IIENCE 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 of in this application is true/correct and that all work will compif any information provided is found to be incorrect or falsel and local ordinances. The Department Of Building Safety shall be	ply with the South Carolina ly stated that this permit wi	State Build	lding and	g Code and all othe void and that I ma	r applica ay be res	ble state ar ponsible for	nd local laws. I understand that r violation of other related laws				
APPLICANT'S NAME (printed)	COMPANY NAME:				TITLE:						
APPLICANT'S EMAIL ADDRESS:					APPLICA CODE:	NT'S PHON	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