



Town of Rowesville
129 Rowes Pump Dr.
PO Box 95
Rowesville, SC 29133
803-534-2745



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

FIRE PROTECTION PERMIT APPLICATION

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

DESCRIPTION OF WORK:

TYPE OF WORK (check all that apply):

NEW	UNDERGROUND FIRE MAIN	VENTHOOD (suppression system required)
REMODEL	FIRE SPRINKLER	UNDERGROUND STORAGE TANK
REPLACEMENT	FIRE ALARM	OTHER
ADDITION		

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 OWNER'S 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. <p style="text-align: center;"> Town of Rowesville BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020 For information on how to apply and calculate residential/commercial fees please click on the link: http://www.cciservicesllc.com/departments-of-building-safety. </p>			
Fire Permit			
		RESIDENTIAL TOTAL PERMIT FEE:	\$ <input type="text"/>
		COMMERCIAL TOTAL PERMIT FEE:	\$ <input type="text"/>
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.			
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.

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