

CHARLESTON COUNTY BUILDING INSPECTION SERVICES



County ONLY Contractor- Commercial License Application

Applications will not be accepted unless dated and signed. For Commercial Trade Applicants, only three (3) classifications per application. Mail completed forms (pages 1 and 2) to the address on page 2. If you need further information or assistance, call (843) 202-6930. Non-refundable application fee of \$50.00 must accompany application.

1.	Company Name:			
2.	Applicant's Name:			
3.	Physical Address:			
4.	Mailing Address:			
5.	City:	State:	Zip Code:	
6.	E-Mail Address:			
7.	Name of Principle Party:			
8.	Work Classification(s):			
0		Cell Phone No.:		
9. I cert	ify that all of the above informa	tion is true and accurate to the best of m	y knowledge.	
	ify that all of the above informa	tion is true and accurate to the best of m	y knowledge.	
l cert		tion is true and accurate to the best of m	y knowledge.	
I cert	ify that all of the above informa nature of Principal Party OFFICE USE ONLY	tion is true and accurate to the best of m		
I cert Sig	nature of Principal Party		Date	
I cert Sig FOR App Lice Ree Iss	nature of Principal Party OFFICE USE ONLY	Int Date Appr Amount Cash: Check N	roved :	





CHARLESTON COUNTY BUILDING INSPECTION SERVICES



County ONLY Contractor-Commercial License Application (continued)

Select the type of classification below by checking appropriate box: (LIMIT OF (3) THREE CLASSIFICATIONS PER APPLICATION)

	Registration Fee (Each \$50)			Т	otal
Type of Classification: Vinyl/Aluminum Siding		@\$50.00			
Insulation Roofing		@\$50.00 @\$50.00			
Floor Covering		@\$50.00			
Low Voltage Electrical		@\$50.00			
Masonry(under \$5000)		@\$50.00			
Drywall		@\$50.00			
Carpentry/Light Gauge Metal		@\$50.00			
Stucco		@\$50.00			
Painting/Wallpaper		@\$50.00			
Signs		@\$50.00			
Vehicle Decals					
Full Set @ \$6.00 each	Set(s)			\$	
			Sub-Total:	\$	
			Application Fee	+	50.00
			TOTAL DUE:	\$	
♦You will need to submit an pull permits. If authorizat		to us, the prir	cipal party will be		
	k payable to <u>Charlesto</u>	on County Buil	ding Inspections ar	nd forv	ward

with **both forms** completed to:

Charleston County Building Inspections 4045 Bridge View Dr., Room A311 North Charleston, SC 29405-7464

Payment In-Person:Complete both forms and deliver to:
Charleston County Building Inspections
4045 Bridge View Dr., Room A113
(1st Floor, Lonnie Hamilton, III Public Services Building)



Hakim Bayyoud Director

Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464



Administration 843.202.6940 Fax: 843.202.6954

Inspections and Contractor Licensing 843.202.6930 Fax: 843.202.6936

BUILDING INSPECTION SERVICES

AFFIDAVIT OF WORK EXPERIENCE

CHOOSE ONE CLASSIFICATION IN WHICH YOU WISH TO BECOME **LICENSED** AND INDICATE THE NUMBER OF YEARS EXPERIENCE YOU HAVE ACQUIRED. <u>ONLY ONE</u> (1) CLASSIFICATION PER APPLICATION. A MINIMUM OF ONE (1) YEAR EXPERIENCE IS REQUIRED.

Vinyl/Aluminum Siding	years	Drywall	years
Insulation	years	Carpentry/Light Gauge Metal	years
Roofing	years	Stucco	years
Floor Covering	years	Painting/Wallpaper	years
Low Voltage Electrical	years	Signs	years
Masonry(under \$5000)	years		

I CERTIFY THE NUMBER OF YEARS EXPERIENCE I HAVE INDICATED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE

PRINCIPAL PARTY

PRINT NAME

THREE (3) LETTERS OF REFERENCE ARE REQUIRED

- These references should demonstrate that the applicant has good character, skills, and knowledge
- References should provide general experience with the applicant
- Format letters may not be accepted
- All reference letters should reflect the applicant and not the company
- Each letter must include a phone number for reference verification

Any application without the required number of references will be considered incomplete and the application will be returned.