



Town of Smoaks
176 New Street
Smoaks, SC 29481

MECHANICAL PERMIT APPLICATION



Department of Building Safety
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

APPLICATION SUBMITTAL DATE: _____	RESIDENTIAL _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS _____
PERMIT NUMBER: _____	COMMERCIAL _____	CONV. FEE: \$ _____	
ENGINEER REQUIRED: YES _____ NO _____		TOTAL: \$ _____	

DESCRIPTION OF WORK:

TYPE OF WORK (check all that apply) :

NEW	REMODEL	CHANGE OUT EQUIPMENT	REPAIRS	ADDITION
-----	---------	----------------------	---------	----------

GROSS SQUARE FOOTAGE OF ENTIRE BUILDING: _____	GROSS SQUARE FOOTAGE OF THE TENANT SPACE: _____
--	---

IF UNIT IS BEING INSTALLED ON ROOF, PLEASE COMPLETE SECTION BELOW:

EXISTING UNIT:	PROPOSED UNIT:
PHYSICAL WEIGHT OF UNIT: _____	PHYSICAL WEIGHT OF UNIT: _____
PHYSICAL WEIGHT OF CURBING: _____	PHYSICAL WEIGHT OF CURBING: _____
<p>If the Existing Unit is not supported with curbing, and curbing is being proposed,</p> <p>please provide specifications of curbing to be used with the new unit.</p>	

RESIDENTIAL PROJECT: - Complete this section

PROPERTY OWNER'S NAME: _____	PARCEL ID #: _____			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	

CONTRACTORS: A CITY BUSINESS LICENSE IS REQUIRED IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.

**Town of Smoaks
BUILDING CODES FEE SCHEDULE - EFFECTIVE March 1, 2021
FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE**

IMPORTANT NOTES

- There must be a properly posted address as required by the SCBC section 502.1, SCRC section R319 and SCFC section 505.
- RESIDENTIAL PROJECTS- Any gas appliance installed whether it be a new, replacement or exact change out shall have a carbon monoxide alarm installed as required by the SCRC section R315.2.2. If we cannot enter the residence to ensure a CO detector is installed, we will need to request a letter from the permit applicant. This letter will need to state that prior to calling for the final inspection the contractor/selling agent confirmed this residence has CO detectors installed as required by the SCRC section R315.2.2.
- COMMERCIAL PROJECTS- Carbon monoxide detection shall be provided in I-1, I-2, I-4 and R occupancies and in classrooms in Group E occupancies in the locations specified in SCFC section 915.2 where any of the conditions in sections 915.1.2 through 915.1.6 exist.
- For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website.

IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.

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 true/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.

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.

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS