

Building Permit Department  
100 Ann Edwards Lane  
Mount Pleasant, SC 29464  
843 849-2029  
843 216-3869 (Fax)

Cost for processing Request

#Pages\_\_ x \$.15 Each \_\_\_\_\_

Research Times:

15 Minutes @\$3.01 \_\_\_\_\_

30 Minutes @\$6.03 \_\_\_\_\_

1Hour @12.06 \_\_\_\_\_

Total Cost \$ \_\_\_\_\_



## REQUEST FOR COPIES

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Email address \_\_\_\_\_

YOUR MAILING ADDRESS

STREET: \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

ITEM(S) TO BE COPIED: \_\_\_\_\_

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BUILDING PERMIT #: \_\_\_\_\_ (For Office Use)

Once your request has been received, the Town of Mount Pleasant will contact you when the copies are ready to pick up.

The Town of Mount Pleasant charges \$.15 per page for copies plus \$12.06 per hour for research. By signing below, you agree that you will be responsible for payment of copies and research for the above item(s).

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Signature

Building Permit Department  
100 Ann Edwards Lane  
Mount Pleasant, SC 29464  
843 849-2029  
843 216-3869 (Fax)

Cost for processing Request	
Blueprint Charges	\$ _____
Research Fees	\$ _____
Total Cost	\$ _____
Processed by:	_____



## REQUEST FOR COPIES OF BLUEPRINTS/HOUSE PLANS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Email address \_\_\_\_\_

YOUR MAILING ADDRESS

STREET: \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

ITEM(S) TO BE COPIED: \_\_\_\_\_

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Signature

Building Permit Department  
100 Ann Edwards Lane  
Mount Pleasant, SC 29464  
843 849-2029  
843 216-3869 (Fax)

Cost for processing Request

Total Cost \$10.00

Processed by: \_\_\_\_\_



## REQUEST FOR ELEVATION CERTIFICATE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Email address \_\_\_\_\_

YOUR MAILING ADDRESS

STREET: \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

ITEM(S) TO BE COPIED: \_\_\_\_\_

ADDRESS FOR ITEMS TO BE  
COPIED: \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_ (For Office Use)

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\_\_\_\_\_  
Signature

Building Permit Department  
100 Ann Edwards Lane  
Mount Pleasant, SC 29464  
843 849-2029  
843 216-3869 (Fax)

Cost for processing Request

Total Cost \$5.00

Processed by: \_\_\_\_\_



## REQUEST FOR SITE PLAN

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Email address \_\_\_\_\_

YOUR MAILING ADDRESS

STREET: \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

ITEM(S) TO BE COPIED: \_\_\_\_\_

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ADDRESS FOR ITEMS TO BE

COPIED: \_\_\_\_\_

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BUILDING PERMIT #: \_\_\_\_\_ (For Office Use)

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Signature