



Mechanical Permit Application

*** Indicates Required Field**

Application must be completed prior to requesting a permit.

- * Date: _____
- * Job Site Street Address _____ Tax Map # : _____
- * Owner of Building _____ Tenant/Business Name: _____
- * Master Building Permit # _____ Cost of Job (Contract Amount) _____
- * Use: Single Family Duplex/TH Multi Family Office Hotel Retail/Restaurant Medical Garage Other _____

* Brief Description: _____

Equipment	Quantity
Type 1: Boilers, Air Handlers, Heat Pumps & Furnaces (Heat pump systems must add A/C tonnage below)	_____
Type 2: Unit Heaters, Space Heaters, Wall Heaters, Duct Heaters, Fan Coil Units, V-TACS & P-TACS	_____
A/C Equipment and Chillers : Air Conditioning up to 5 tons _____ For each additional ton over 5	_____
Refrigeration - Walk in Coolers, Freezers, Cooling Towers and other equipment.	_____
Gas Water Heaters, Gas Generators, Gas Piping	_____
Miscellaneous: Roof Top or side wall exhaust fans, duct work only, fire dampers only	_____
Note: Duct work used when no other equipment being installed.	

*Contractor/Business Name (as it appears on the City Business License): _____

*Address _____ Phone: _____ Email: _____

*State License Agency (Choose One): _____ South Carolina Contractor's Licensing Board
_____ South Carolina Residential Builders Commission

*State License Classification: _____ *State License # : _____ * TR City Business License # _____

By Signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information provided is true. I further 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 state laws and local ordinances.

* Please Print Name: _____ * Date: _____

* Signed : _____