



Plumbing 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** _____

Fixtures (including water heaters)	_____
Lawn Sprinkler System	_____
Cap Sewer Lateral	_____
Water Line Replace / Repair	_____
Sewer Line Replace / Repair	_____
Drain/ Waste / Vent Repair	_____
Sewer Tap - Residential	_____
Sewer Tap - Commercial	_____

*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 _____