



PLUMBING PERMIT APPLICATION

BUILDING PERMIT # (IF APPLICABLE):

PROPERTY OWNER'S NAME:

PROPERTY 911 ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE:

EMAIL:

PLUMBING CONTRACTOR INFORMATION

CONTRACTOR:

SC LICENSE #:

CONTRACTOR'S ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

CONTRACTOR EMAIL:

PROJECT/WORK DESCRIPTION

RESIDENTIAL

COMMERCIAL

ESTIMATED COST:

NEW WORK

UPGRADE

ADDITION

REPAIR WORK

UTILITY COMPANY INFORMATION

WATER COMPANY (IF APPLICABLE):

JOB DESCRIPTION:

I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE:

APPLICANT'S SIGNATURE:

DATE

DAYTIME PHONE:

REV DATE: 2/20/2020