



Planning and Development  
**PLUMBING PERMIT APPLICATION**

PROPERTY ADDRESS: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

NAME:	
PHONE NUMBER:	
EMAIL:	

**PLUMBING CONTRACTOR INFORMATION:**

NAME:	
PHONE NUMBER:	
EMAIL:	
SC LICENSE #:	

**PROJECT/WORK DESCRIPTION**

CHECK ONE:  RESIDENTIAL  COMMERCIAL

CHECK ONE:  ADDITION  RENOVATION/REPAIR  NEW CONSTRUCTION

ACTUAL PROJECT COST: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

**\*\*\*ALL INSPECTIONS REQUIRE 48-HOUR NOTICE\*\*\***

***BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE. I UNDERSTAND THAT ALL PERMITS NEED TO REMAIN ON-SITE DURING THE ENTIRE DURATION OF THE COMPLETION OF THE PROJECT. I UNDERSTAND THAT THERE WILL BE ADDITIONAL FEES FOR ANY REINSPECTIONS NEEDED:***

APPLICANT'S SIGNATURE: \_\_\_\_\_

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