



Planning and Development
MECHANICAL PERMIT APPLICATION

PROPERTY ADDRESS: _____

PROPERTY OWNER INFORMATION:

NAME:	
PHONE NUMBER:	
EMAIL:	

MECHANICAL CONTRACTOR INFORMATION:

NAME:	
PHONE NUMBER:	
EMAIL:	
SC LICENSE #:	

PROJECT/WORK DESCRIPTION

CHECK ONE: RESIDENTIAL COMMERCIAL

CHECK ONE: ADDITION RENOVATION/REPAIR NEW CONSTRUCTION

HEAT PUMP GAS PACK GAS PIPING

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: _____