



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: UPGRADE NEW WORK ADDITION REPAIR WORK

ACTUAL PROJECT COST: _____

JOB DESCRIPTION: _____

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:

APPLICANT'S SIGNATURE: _____

DATE: _____