

## **Mechanical Permit Application**

\* Indicates Required Fields

* State License Classification: * S		_South Carolina Residenti License #:		* City of Liberty Business License #:	
* State License Agency ( Cho	ose One ):	_South Carolina Contract _South Carolina Residenti			
Phono :	Emai	1:			
City:	State:		Zip Code:		
* Address:					
* Contractor/Business Name (	as it appears on the	City of Liberty Business Lic	eense)		
Aiscellaneous: Roof Top or side Note: Duct work used when no c			sonly		
Gas Water – Heaters, Gas Gener					
Refrigeration – Walk in Coolers,		owers, and other equipment			
A/C Equipment and Chillers:	-			n over 5	
Type 2: Unit Heaters, Space Hea					
Type 1: Boilers, Air Handlers, H	-				
Equipment					
Brief Description:					
Hotel Other		Retail/Restaurant		Garage	
* Use Single Family		Duplex/TH	Multi Family Medical	Office	
<sup>5</sup> Master Building Permit #:		Cost of Job (Contract Amount):			
Owner of Building:		Tenant/Business Name:			
Job Site Address:		Tax Map #:			

* Please Pri	nt Name	Date:	
* Signed: _			
	206 W. Front St • P.O. Box 716 • Liberty, SC 29657 • Phone (864)843-	3177 • Fax (864)843-9400	