

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 | |
| ⁵ 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 | |