



Plumbing Permit Application

* Indicates Required Fields
Application must be completed prior to requesting a permit

* Date:
* Job Site Address: Tax Map #:
* Owner of Building: Tenant/Business Name:
* Master Building Permit #: Cost of Job (Contract Amount):

* Use Single Family Duplex/TH Multi Family Office
Hotel Retail/Restaurant Medical Garage
Other

* Brief Description:

Table with 2 columns: Equipment, Quantity. Rows include Fixtures, Lawn Sprinkler System, Cap Sewer lateral, Water Line Replace / Repair, Sewer Line Replace / Repair, Drain/Waste/Vent Repair, Sewer Tap - Residential, Sewer Tap - Commercial.

* Contractor/Business Name (as it appears on the City of Liberty Business License)

* Address:

City: State: Zip Code:

Phono :

Email:

* State License Agency (Choose One): South Carolina Contractor's Licensing Board
South Carolina Residential Builders Commission

* State License Classification: * State License #: * City of Liberty Business License #:

By Signing this application, I certify that I am authorized agent for the company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

* Please Print Name Date:

* Signed: