

**PLUMBING PERMIT APPLICATION
BUILDING PERMITTING DEPARTMENT**

218 West Evans Street
Florence, South Carolina 29501
(843) 676-8600
(843) 676-8613 Fax

345 S. Ron McNair Boulevard
Lake City, South Carolina 29560
(843) 394-8373
(843) 394-5563 Fax

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|--|---|---|
| <input type="checkbox"/> City of Florence 665-3173 | <input type="checkbox"/> City of Lake City 374-5421 | <input type="checkbox"/> Town of Quinby 669-3031 |
| <input type="checkbox"/> Florence County 676-8600 | <input type="checkbox"/> Town of Olanta 396-4301 | <input type="checkbox"/> Town of Scranton 389-2222 |
| <input type="checkbox"/> City of Johnsonville 386-2069 | <input type="checkbox"/> Town of Pamplico 493-5551 | <input type="checkbox"/> Town of Timmons ville 346-7942 |

Owner Date

Occupied By ZC#

_____ Number	_____ Street Name	_____ Lot#	_____ Subdivision
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_____ City	_____ State	_____ Zip	_____ Tax Map/Block/Parcel
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Nature of Work:	Water Supply:	Building Sewer	Approx Start Date _____
<input type="checkbox"/> New Installation	<input type="checkbox"/> Public	<input type="checkbox"/> Public	
<input type="checkbox"/> Addition	<input type="checkbox"/> Private	<input type="checkbox"/> Private	Approx Comp. Date _____
<input type="checkbox"/> Repair			
<input type="checkbox"/> Emergency			Total Valuation _____

No. of Fixtures:	Fee	No. of Fixtures:	Fee	No. of Fixtures:	Fee
___ Water Closets	_____	___ Drinking Fountain	_____	___ Soda Fountains	_____
___ Urinals	_____	___ Dental Units	_____	___ Interceptors	_____
___ Lavatories	_____	___ Floor Drains	_____	___ Air Cond. Units	_____
___ Bath Tubs	_____	___ Backflow Devices	_____	___ Water Dist (5.00 ea)	_____
___ Shower Bath	_____	___ Repair/Alter.(5.00 ea)	_____	___ Vacuum Breaker	_____
___ Bldg. Sewer (5.00 ea)	_____	___ Kitchen Sink	_____	___ Water Heater	_____
___ Dishwasher	_____	___ Garbage Grinder	_____	___ Washing Machine	_____
___ Slop Sink	_____	___ Laundry Tray	_____	___ Other	_____
Add Base Permit Fee	\$10.00				
Total Permit Fee:	_____				

ALL ITEMS LISTED ABOVE ARE \$2.50 EACH UNLESS SPECIFIED OTHERWISE

Contractor (Print) Phone

Business Address

Signature SC State License No.

Approved Additional Information Required

Signature Date