

Application for Greenwood City/County Plumbing Permit

Property Owner/Customer _____

Job Location _____ Contractor's Phone # () _____

Contractor _____ State Lic# _____ City Lic# _____

Description of Work _____

N = New A = Addition C = Alteration R = Repair (circle one)

Number of fixtures to be connected:

_____	Water Closets	_____	Floor sink/drain
_____	Bathtub	_____	Slop sink
_____	Lavatory	_____	Gas system: no outlet
_____	Kitchen sink/disposal	_____	Water piping/treating
_____	Dishwasher	_____	Water interceptor
_____	Laundry tray	_____	Vacuum breakers/backflow
_____	Clothes washer	_____	Lawn sprinkler system
_____	Water Heater	_____	Sewers
_____	Urinal	_____	Cesspool
_____	Drinking fountain	_____	Septic tank & pit
_____	Shower		

CONTRACT AMOUNT: _____

Others:

THIS IS A PLUMBING APPLICATION ONLY.

TO BECOME A PERMIT, THIS APPLICATION MUST BE SIGNED AND COMPLETED WITH THE CORRECT INFORMATION. THE PERMIT WILL BE ISSUED UPON RECEIVING PAYMENT.

IF FAXING THIS APPLICATION, PLEASE NOTE THE FOLLOWING:

- ◆ IT IS SUGGESTED THAT YOU CALL THE BUILDING DEPARTMENT TO VERIFY FEE AMOUNTS. A SCHEDULE OF FEES IS INCLUDED WITH THIS APPLICATION.
- ◆ PAYMENT FOR ALL PERMITS IS DUE WITHIN THREE (3) TO FIVE (5) DAYS OF THE FAXED APPLICATION.
- ◆ FAILURE TO SUBMIT A PAYMENT WILL LEAVE THIS DEPARTMENT WITH NO CHOICE BUT TO DISCONTINUE YOUR FAXING SERVICES.

I HAVE COMPLETED THIS APPLICATION WITH THE CORRECT INFORMATION AND I UNDERSTAND THE PROCEDURES OF THE FAXING SYSTEM.

Signature _____ / _____ / _____ (Month/ Day/ Year)

Phone # _____ Fax # _____

GREENWOOD BUILDING DEPARTMENT PHONE 864-942-8424 FAX 864-942-8571

Revised: 01/12/2004