City of Spartanburg Building Inspections
Phone (864) 596-2041 Fax (864) 596-2833

PLUMBING PERMIT APPLICATION

PERMIT #_____

Application Date_____Contract Price $_____Permit Fees $_____
(Minimum Fee $40.00)

Job Site Address_____

Project Name_____
Or
Home Owner_____Phone_____

Please check: **RESIDENTIAL** ☐ **COMMERCIAL** ☐

New ☐ **Remodel** ☐ **Change out Fixtures** ☐ **Repairs** ☐ **Addition** ☐

Description of work being performed: _____

CONTRACTOR OR OWNER'S DECLARATION

By signing below, I hereby certify that I am licensed under the provisions of the SC Dept. of Labor, Licensing & Regulations or I am the property owner, and the information given is correct and true. I agree to conform to all Ordinances and regulations of the City of Spartanburg pertaining thereto and in accordance with all plans submitted and approved.

State License #_____Classification/Specialty_____

Contractor Company Name_____Phone#_____Fax#_____

Mailing Address: _____/_____/_____/_____
City State Zip

FEES: **PLUMBING FIXTURES $4.00 EACH SEWER CONNECTION $5.75 EACH PERMIT ISSUE FEE $17.25**

FIXTURE TYPE	NEW	CHANGE/OUT
Bathtub	____	____
Dental Units	____	____
Drinking Fountain	____	____
Dishwasher	____	____
Garbage Disposal	____	____
Floor Drain	____	____
Grease Trap	____	____
Interceptor	____	____
Laundry Tub	____	____
Lavatory	____	____
Sewer Connection	____	____
Shower	____	____
Sink Pot 3 Compartment	____	____
Sink Residence	____	____
Sink Slop	____	____
Other	____	____
Urinal	____	____
Washing Machine	____	____
Water Closet	____	____
Water Heater	____	____
Sewer Ejector	____	____
Floor Sink	____	____
Bar Sink	____	____

LICENSED CONTRACTOR/OWNER SIGNATURE_____DATE:_____