

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

MECHANICAL 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 Units _____ Repairs _____ Addition _____

Description of work being performed: _____

CONTRACTOR'S 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 certify 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 _____

Type of Equipment

Heating: BTU SIZE _____ Type _____ Brand _____ Number of Units _____

Cooling: TONS _____ Type _____ Brand _____ Number of Units _____

**NOTE: REQUIRED INFORMATION FOR ROOF-TOP UNITS: Weight _____ Type of Refrigerant _____
WILL YOU NEED TO USE A CRANE? YES ___ NO ___ IF YES PROVIDE LOCATION OF CRANE
(IN PARKING OR IN STREET): ENCROCHMENT PERMIT MAY BE REQUIRED**

Other Work

Duct Work Only _____

Gas Piping Only _____

Of Exhaust/Hood Ranges _____

Of Fire Dampers _____

Of Walk in Coolers _____

Miscellaneous _____

Of Bathroom Exhaust Fans _____

LICENSED CONTRACTOR OR OWNER'S SIGNATURE _____ DATE _____