



# TOWN OF SIX MILE 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: \_\_\_\_\_

<u>Equipment</u>	<u>Quantity</u>
Fixtures ( including water heaters )	_____
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 Town of Six Mile Business License) \_\_\_\_\_

\* Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone :

Email:

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

\* State License Classification: \_\_\_\_\_ \* State License #: \_\_\_\_\_ \* Town of Six Mile 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: \_\_\_\_\_