



TOWN OF SIX MILE

MECHANICAL 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: _____

Equipment **Quantity**

Type 1: Boilers, Air Handlers, Heat Pumps & Furnaces (Heat pump systems must add A/C tonnage below _____

Type 2: Unit Heaters, Space Heaters, Wall Heaters, Duct Heaters, Fan Coil Units, V-TACS & P-TACS _____

A/C Equipment and Chillers: Air Conditioning up to 5 tons _____ For each additional ton over 5 _____

Refrigeration – Walk in Coolers, Freezers, Colling Towers, and other equipment. _____

Gas Water – Heaters, Gas Generators, Gas Piping _____

Miscellaneous: Roof Top or side wall exhaust fans, duct work only, fire dampers only _____

Note: Duct work used when no other equipment being installed.

* 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: _____