Application for Plumbing Permit • City of Isle of Palms

DAT	<u> </u>	BEUG. PERMIT	NO.	
	Job Address			
1	Owner or General Contractor Mail Address	& Zip Code	Phone	
2.		•		
<u> </u>	Use of Building:			
3.				
	Class of Work: New Addition Alteration	on □ Repair		
4.				
	Describe Work:			
5.				
	ractor: Phone: Registration No.			
6.				
_	Signature			
7.			· · · · · ·	
8.	Permit Fees:			
	No. Type of Fixture or Item	Fee	<u> </u>	
	Water Closet (Tollet)	\$		
	Bathtub			
	Lavatory (Wash Basin)			
	Shower Kitchen Sink & Disposal			
	Dishwasher Laundry Tray			
	Clothes Washer			
	Water Heater			
	Urinal			
	Drinking Fountain			
	Floor Sink or Drain			
	Slop Sink			
	Gas Systems: No. of Outlets			
	Water Piping & Treating Equipment Waste Interceptor Vacuum Breakers Lawn Sprinkler System			
	Sewer/Septic Tank			
		Permit \$	Total Fee \$	
9.	This is to certify that I am the owner or authorized agent information submitted herewith is a true and accurate indiproperty. I also understand that any and all changes, unless submitted plication shall cause this permit to be revoked entirely. I also understand that this permit becomes null and void if months or this permit shall be revoked.	ed and approved as amendmer	nts to this Plumbing Permit Ap-	
TM:	S #			
	epted By	APPROVED DISAPP	ROVED 🗆	
Permit Fee(s) Accepted By		Building Inspector	Building Inspecto <u>r</u>	