

**CITY OF WOODRUFF
PLUMBING PERMIT APPLICATION**

DATE: _____

CONTRACTOR/APPLICANT: _____

ADDRESS: _____

CITY: _____ **STATE:** ___ **ZIP:** _____

CONTRACTOR LIC NO. _____

TYPE LIC: MASTER: ___ **STATE MECHANICAL:** ___

BUSINESS LIC NO: _____

TELEPHONE NO: _____ **FAX NO:** _____

LOCATION OF WORK INFORMATION:

CONTRACT AMOUNT \$ _____

Owner: _____

Tax Map ID # _____ Lot #: _____

Numerical Street Address:

_____ Zip: _____

Construction Information: Type: Residential ___ **Commercial** ___

Number of Trapped Fixtures: _____

Water Heaters or Vent _____ **Vacuum Breakers/Backflow Protection Dev:** _____

Storm Drains in Feet: _____ **Gas Hot Water Heater:** _____ **Sewer :** _____

Electric Water Heater: _____

Alteration or repair of existing Water Piping/Treating Equipment:: _____

Alteration or repair of Drainage or Vent Piping: _____

Proof of contractor eligibility is required at time of application. (i.e.: Copy of contractor's license, business license, general liability insurance, copy of contract for commercial work, may be required.)

This is an application. You must have a permit prior to beginning construction. If construction begins before permit is issued your permit **fee will be doubled or other fines as prescribed by law.**

I hereby make application for permit for the work described above. All information is true and correct.

Date: _____ **Signed:** _____

NOTES:

Building Department Phone No. (864-) 476-8916 Fax (864) 476-8119