



PLUMBING PERMIT APPLICATION



CITY OF COLUMBIA PLANNING & DEVELOPMENT SERVICES

Development Center • 1136 Washington Street, Columbia, SC 29201 • 803.545.3420 • Fax: 803.733.8699

DATE		SC LICENSE #	
COC Qualification Card #		Card Holder Name	
General Contractor Name		Master Permit #	
JOB LOCATION		OCCUPIED BY	

I, as a property owner or owner representative, confirm to the best of my knowledge that the above property is not within a flood hazard area.

SIGNATURE:

CONTRACTOR INFORMATION	Company Name:				
	Licensed Plumber's Name:				
	Address:				
	Tel:		Fax:		E-Mail:

Work will be done in a building: **Being Constructed** **Remodeled** **Existing**

FIXTURES TO BE CONNECTED

# of Water Closets		Water Heaters	
# of Urinals		Showers	
# of Sinks		Sewers	
# of Bathtubs		Dishwashers	
# of Hand Wash Basins		Disposals	
Floor Drain or Other Traps		Other	

JOB VALUE <i>Equipment + Installation</i>	\$	COMPLETION DATE	
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It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code, Zoning Ordinance or other Ordinances of the City of Columbia, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without approval of the Building Official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.

SIGNATURE			
FOR STAFF USE	TMS#		ZONING DISTRICT
ZONING REVIEW	Approved Denied	DATE	