



**PLUMBING PERMIT APPLICATION**  
Williamsburg County Code Enforcement  
201 W. Main St.  
Kingstree, SC 29556

(843) 355-9321 Fax (843) 355-1587

Permit # \_\_\_\_\_ Date \_\_\_\_\_

Application Type: New Construction \_\_\_ Addition \_\_\_ Repair/Remodel \_\_\_ Demolition \_\_\_ Other \_\_\_

Project Description \_\_\_\_\_

**OWNER**

Owners Name _____	Phone (____) _____
Mailing Address _____	
City _____	State _____ Zip Code _____

**AUTHORIZED/LEGAL REPRESENTATIVE (if applicable)**

Name _____	Phone (____) _____
Mailing Address _____	
City _____	State _____ Zip Code _____

**LOCATION**

Site Address _____	Tax Map # _____
City _____	State _____ Zip Code _____
Directions To Site Location _____	
Name of Property Owner _____	

**CONTRACTOR**

Contractor Name _____	Phone (____) _____
Company Name _____	License # _____
Address _____	
City _____	State _____ Zip Code _____

I hereby certify that the above information is correct and understand that if any of the information above is found to be incorrect that permits may be revoked.      Owner      Contractor      Agent

Signed \_\_\_\_\_ Date \_\_\_\_\_

Flood Zone: A AE X _____	<b>OFFICE USE ONLY</b>
	Elevation _____ Determined By _____
Setbacks: Front _____ Side _____ Rear _____ Buffer _____	
Proposed Use: Non-Residential    Residential    Principal    Accessory	