



Mechanical &
GAS 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 _____

SUB-CONTRACTORS

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

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

BUILDING INFORMATION

Use _____ Construction Value \$ _____

TYPE OF FRAME (circle one)	TYPE OF FOUNDATION (circle one)	TYPE OF EXTERIOR (circle one)
Concrete/Steel	Crawl Space	Aluminum
Metal	Basement	Brick
Mixed Concrete/Wood	Earth	Glass
Heavy Timber	Slab	Heavy Timber
Masonry		Masonry
Wood/Siding/Brick/Masonry		Metal
		Siding

# of Stories _____	# of Bedrooms _____	# of Baths _____
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Wind Zone 100 _____ 110 _____ 120 _____ 130 _____	Seismic Zone D1 _____ D2 _____
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SEPTIC SYSTEM

Existing Septic Tank _____	New/Approved _____	New/Pending _____	Public Sewer _____
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FLOOR AREAS

Living Space _____ sq feet	Basement/Storage _____ sq feet	Garage _____ sq feet
Warehouse _____ sq feet	Deck _____ sq feet	Porch _____ sq feet
Shed _____ sq feet	Carport _____ sq feet	Other _____ sq feet

Total Heated Area _____ sq feet	Total Unheated Area _____ sq feet	Total Area _____ sq feet
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Sprinkler System: Yes No	Gas: Yes No	HVAC: Yes No
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ELECTRICAL SERVICE

Underground Service	# of Amps _____	Aboveground Service	# of Amps _____
Temporary Service	Yes No	# of Amps _____	

POWER COMPANY

Progress Energy	Account # _____
Santee Electric	Account # _____
Gas Provider:	Account # _____

Additional Information:

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 _____

OFFICE USE ONLY

Flood Zone: A AE X _____ Elevation _____ Determined By _____

Setbacks: Front _____ Side _____ Rear _____ Buffer _____

Proposed Use: Non-Residential Residential Principal Accessory