

# Plumbing Permit Application



Batesburg-Leesville  
South Carolina

ISSUE DATE: \_\_\_\_\_

**BUILDING**

Location/Address	Owner Name
Description of Proposed Work / Specific Use	

FIXTURES TO BE CONNECTED	DESCRIPTION	QUANTITY	FEE
Water Closets			
Urinals			
Sinks			
Bathtubs			
Slop Hoppers			
Hand Wash Basins			
Water Heaters			
Washing Machines			
Showers			
*Sewers New Installation [TAP FEE REQUIRED]			
*Sewer Repair by Owner			
Sewer Repair by Contractor			
Dishwashers			
Disposals			
Floor Drains and Other Traps			
Sprinkler System	(Master Plumber Card and Utility Department approval Required if connecting to Town Line)		
*REPLACEMENT OF SEWER BY OWNER AND NEW SEWER LINE INSTALLATION REQUIRE UTILITY DEPT. APPROVAL	TOTAL		\$

TOTAL COST OF JOB	ESTIMATED DATE OF COMPLETION
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**APPLICANT/CONTRACTOR**

*I hereby stipulate and agree that the work on the said sewer and plumbing fixtures connected therewith shall be in strict conformity with "An ordinance regulating and fixing the use of sewers by private parties in the Town of Batesburg-Leesville." 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 Town of Batesburg-Leesville; and that any omission of, or misrepresentation of fact with or without intention of the undersigned, or any alteration of change from this application without the approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which is based on the approval of this application.*

Company Name	Applicant/Contractor Name	
Address		
Phone	License #	MP #
Signature	Date	

FOR OFFICE USE ONLY			
TMS #	Zoning	Issued By	Date
<input type="checkbox"/> Approved	Approved/Denied By		Date
<input type="checkbox"/> Denied [Reason]			
Flood Zone:	FIRM #:	Effective Date:	

FOR BUILDING OFFICIAL USE			
1 <sup>ST</sup> Inspection: _____	Date: _____	2 <sup>ND</sup> Inspection: _____	Date: _____
Final Inspection: _____	Date: _____	Remarks: _____	

FOR FINANCE OFFICE USE		
Receipt #	Date	Fee