



MECHANICAL PERMIT APPLICATION

Application must be completed prior to requesting a permit

City of Fountain Inn Public Works Department
200 North Main Street ♦ Fountain Inn, SC 29644
Phone: (864) 409-3334 ♦ Fax (864) 908-3569 ♦ Email: public.works@fountaininn.org

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Unit/Space \_\_\_\_\_

Tenant/Business Name: \_\_\_\_\_ Tax Map # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Use: Single Family \_\_\_ Multi Family \_\_\_ Duplex \_\_\_ Garage/Carport \_\_\_ Retail/Restaurant \_\_\_ Office \_\_\_

Hotel \_\_\_ Hospital/Medical \_\_\_ Church/School \_\_\_ Gas Station/Garage \_\_\_ Other: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Type of Work:

New Building \_\_\_ Addition \_\_\_ Alteration \_\_\_ Repair \_\_\_ Upgrade \_\_\_\_\_

Base Fee \$ 40.00

Valuation (See valuation chart) \$ \_\_\_\_\_

Additional Gross Receipts to Business License \$ \_\_\_\_\_

# Heating Units:

Residential \_\_\_\_\_ x \$31.00 Commercial \_\_\_\_\_ x \$46.50 \$ \_\_\_\_\_

# A/C Units

Residential \_\_\_\_\_ x \$23.00 Commercial \_\_\_\_\_ x \$28.60 \$ \_\_\_\_\_

Walk In Cooler/Freezer \_\_\_\_\_ x \$27.50 \$ \_\_\_\_\_

Commercial Hood System \_\_\_\_\_ x \$33.00 \$ \_\_\_\_\_

Total Permit Amount \$ \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

State License Agency (Choose One): South Carolina Contractor's Licensing Board: \_\_\_\_\_

South Carolina Residential Builders Commission: \_\_\_\_\_

By signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state law and local ordinances.

This permit becomes null and void if work or construction authorized is not commenced within six months, or if work or construction is suspended or abandoned for a period of six months after commencing. Permit fees are non-refundable and non-transferable.

Please Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_