



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

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: _____