

**TOWN OF BLYTHEWOOD
POST OFFICE BOX 1004, 171 LANGFORD ROAD
BLYTHEWOOD, SC 29016
(803) 754-0501 FAX (803) 754-0563**

APPLICATION FOR PLUMBING PERMIT

Building Permit # _____ Date _____

Location: No. _____ on the _____ side between _____ Street and _____ Street

I hereby request that a permit be issued to: _____
(Name of Authorized Licensed Plumber)

I hereby stipulate and agree that the work on 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 Blythewood."

FIXTURES TO BE CONNECTED:

Number and Kind of Water Closets _____

Number and Kind of Urinals _____

Number and Kind of Sinks _____

Number of Bathtubs _____

Number of Slop Hoppers _____

Number of Hand Wash Basins _____

Water Heaters _____

Showers _____

Sewers _____

Dishwashers _____

Disposals _____

Floor Drains or other Traps _____

Estimated Job Cost \$ _____

NOTE: All buildings other than one- or two-family residences must show the Plumbing Plan Diagram on the reverse side.

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 Code or other ordinances of the Town of Blythewood, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or and alteration or change from this application without the approval of the Building Official, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.

OWNER OR AGENT

LICENSED PLUMBER