



**LAURENS COUNTY BUILDING CODES**  
**P O BOX 815, LAURENS, SC 29360 PHONE**  
**(864) 984-6659 | FAX (864) 984-1502**



**PLUMBING PERMIT APPLICATION**

BUILDING PERMIT # (IF APPLICABLE):

PROPERTY OWNER'S NAME:

PROPERTY 911 ADDRESS:

CITY:

STATE:

ZIP:

DAYTIME PHONE:

EMAIL:

**PLUMBING CONTRACTOR INFORMATION**

CONTRACTOR:

SC LICENSE #:

CONTRACTOR'S ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

CONTRACTOR EMAIL:

**PROJECT/WORK DESCRIPTION**

RESIDENTIAL

COMMERCIAL

AGRICULTURAL

ESTIMATED COST:

NEW WORK

UPGRADE

ADDITION

REPAIR WORK

**UTILITY COMPANY INFORMATION**

WATER COMPANY (IF APPLICABLE):

JOB DESCRIPTION:

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I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE:

APPLICANT'S SIGNATURE:

DATE

DAYTIME PHONE:

REV DATE: 8/2/2019