



PLUMBING PERMIT APPLICATION
Colleton County Planning and Development
P.O. Box 98
31 Klein Street
Walterboro, SC 29488

(843) 549-1709 Fax (843) 549-9014 Inspection Line (843) 549-1844

Permit # _____ Date _____

Application Type _____ New ___ Repair/Remodel ___ Addition ___
Project Description _____

OWNER

Owners Name _____ Phone (____) _____
Mailing Address _____
City _____ State _____ Zip Code _____

AUTHORIZED/LEGAL REPRESENTATIVE (if applicable)

Name _____ Phone (____) _____
Mailing Address _____
City _____ State _____ Zip Code _____

LOCATION

Site Address _____ Tax Map # _____ - _____ - _____ - _____
City _____ State _____ Zip Code _____
Directions To Site Location _____

Name of Property Owner _____

CONTRACTOR

Contractor: Name _____ Phone (____) _____
Company Name _____ License # _____
Address _____
City _____ State _____ Zip Code _____

SUB-CONTRACTORS

Sub-Contractor: Name _____ Phone (____) _____
Company Name _____ License # _____
Address _____
City _____ State _____ Zip Code _____

Sub-Contractor: Name _____ Phone (____) _____
Company Name _____ License # _____
Address _____
City _____ State _____ Zip Code _____

PLUMBING INFORMATION

Project Description _____

Use _____

Construction Value \$ _____

Additional Information:

I hereby certify that the above information is correct and understand that if any of the information above is found to be incorrect that permits may be revoked. Owner Contractor Agent

Signed _____ Date _____

OFFICE USE ONLY

Flood Zone: A AE V X **Panel #** _____ **Elevation** _____ **Determined By** _____
Zoning District: VC CC LID ID PDD RC-1 RC-2 RD-1 RD-2 RS UD-1 UD-2
Setbacks: **Front** _____ **Side** _____ **Rear** _____ **Riparian Buffer** _____
Proposed Use: **Non-Residential** **Residential** **Principal** **Accessory**
Other: **Sub Improv** **Floodway** **COBRA** **Special Exception** _____ **Variance** _____