

Planning and Development Dept. - Permit Application Center

P.O. Box 11706 or 155 Johnston St., Rock Hill, SC 29731-1706

Ph: 803-329-5590 Fax: 803-329-7228

www.cityofrockhill.com



MECHANICAL, ELECTRICAL, PLUMBING, GAS, & FIRE SYSTEMS PERMIT APPLICATION

- Gas Permit
- Plumbing Permit
- Mechanical Permit
- Electrical Permit
- Fire Alarm System Permit
- Fire Sprinkler System Permit
- Fire Suppression System Permit
- Exhaust Hood Permit

Date: _____

Application is hereby made to the City of Rock Hill for a permit to perform the work described below and in accordance with plans and specifications submitted for approval. It shall be understood if the plans are approved and a permit is issued for the work covered by this application, all work shall be performed only by persons authorized by State and local law and shall conform to all applicable building codes and all laws and ordinances.

Property Owner: _____ Phone: _____

Property Owner Address: _____

Job Site Address: _____

Contractor: _____

Contractor Address: _____

Name of State License Holder: _____ State Lic. #: _____ BL # _____

Phone: _____ Fax: _____ Email: _____

Description of Work: _____

Type of work: Residential Commercial - Note: Any additional mechanical or electrical load will require a COMcheck form to be submitted. Visit www.energycodes.gov for more information. An electrical load data form may also be required. Visit www.cityofrockhill.com for forms.)

Valuation of Work \$ _____

Mechanical Data: SEER rating: _____ Size of New Unit: _____ Size of Old Unit: _____

Are you replacing or installing new equipment? Yes* No

* If replacing equipment, please submit Manual J and S calculations with your permit application. Equipment replacements of the same size are exempt from this requirement. (For example, 2.5 ton heat pump to 2.5 ton heat pump)

Are you replacing or installing new ductwork? Yes* No

* If also replacing ductwork, please submit Manual D calculations in addition to Manual J and S calculations with your permit application. If replacing branch lines and returns only, these items are exempt from this requirement.

Reference 2009 IECC effective January 1, 2013. Manual S calcs (equipment sizing) required as of July 1, 2013 per 2012 IMC.

Electrical Data: Meters required: 3 wire 1 ph 2 wire 1 ph 3 wire 3 ph 4 wire 3 ph
Service Characteristics: Volts: _____ Phase: _____ Amperage: _____ OH* UG

Is this a service upgrade?* Yes No

*Note: If you are repairing or replacing an overhead service, please contact the Utilities Department at 803-329-5500 before proceeding with the work. You may be required to convert the service from overhead to underground.

Plumbing: If replacing a water or sewer line, do you need the City to replace the old tap? Yes No

Certification

- I certify to the best of my knowledge that all information provided herein is true and correct and all work performed under this permit shall conform to the plans and specifications herewith submitted and to all applicable Building Codes and Laws and Ordinances pertaining thereto.
- By signing this application I certify that I have the authority to make the foregoing application and I am the property owner or an authorized agent for the company performing the work stated above. I understand that I must use contractors licensed or registered with the State of South Carolina. If I choose to represent myself as the owner/builder, I understand that I or my immediate family members are required to occupy the property, that only contractors and subcontractors duly licensed as required by the State of South Carolina and the City of Rock Hill must be used to perform work associated with this application and permit, and as owner/builder I may not rent, lease or sell the property for a period of no less than two years from the date of final inspection for which this permit is issued.
- 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 laws and local ordinances.

Applicant Signature: _____ Applicant Title: _____

(Contractor, Owner, Agent, etc.)

Applicant Printed Name: _____

Sworn to and subscribed before me on

this _____ day of _____, 20 _____

Signature of Notary: _____

(Place Notarial Seal Here)

Notary Public for: _____

My commission expires: _____