**PLUMBING**
**Permit Application**

*Town of Gaston*
*PO Box 429*
*Gaston, SC 29053*
*803-796-7725*

*RECEIPT #_____*
*ISSUE DATE _____*
*FEE AMOUNT: _____*

**BUILDING**

Location / Address                                        Owner Name
_____

**Description of Proposed Work / Specific Use**
_____

| FIXTURES TO BE CONNECTED | DESCRIPTION | QUANTITY | FEE |
|---|---|---|---|
| Water Closets | _____ | _____ | _____ |
| Urinals | _____ | _____ | _____ |
| Sinks | _____ | _____ | _____ |
| Bathtubs | _____ | _____ | _____ |
| Slop Hoppers | _____ | _____ | _____ |
| Hand Wash Basins | _____ | _____ | _____ |
| Water Heaters | _____ | _____ | _____ |
| Washing Machines | _____ | _____ | _____ |
| Showers | _____ | _____ | _____ |
| **Sewers New Installation | _____ | _____ | _____ |
|   Tap Fee Required | _____ | _____ | _____ |
| **Sewer Repair by Owner | _____ | _____ | _____ |
| Sewer Repair by Contractor | _____ | _____ | _____ |
| Dishwashers | _____ | _____ | _____ |
| Disposals | _____ | _____ | _____ |
| Floor Drains and Other Traps | _____ | _____ | _____ |
| Sprinkler System: Master Plumber Card and Utility Dept. | | | |
|     approval required if connecting to City Limits | TOTAL _____ | Qty. | $_____ |

** REPLACEMENT OF SEWER BY OWNER AND NEW SEWERLINE INSTALLATION REQUIRES UTILITY DEPT. APPROVAL

**TOTAL COST OF JOB:** _____     **ESTIMATED DATE OF COMPLETION:**_____

**APPLICANT / CONTRACTOR**

I hereby stipulate and agree that the work on the 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 Gaston. It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code or other Ordinances of the Town of Gaston and that any omission of, or misrepresentation of fact with or without intention of the undersigned or any alteration of change from this application without the approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which is based on the approval of this application.

COMPANY NAME                              APPLICANT / CONTRACTOR NAME
_____

ADDRESS
_____

SIGNATURE                                                              DATE
_____

| FOR P&D OFFICE USE | | |
|---|---|---|
| TMS# | ISSUED BY | DATE |
| INSPECTION APPROVED OR DENIED | BUILDING OFFICIAL | DATE |