



SPARTANBURG COUNTY
MECHANICAL PERMIT APPLICATION
 PHONE: (864) 596-2727 FAX: (864) 596-2194

DATE: _____

LOCATION INFORMATION:

INSTALLATION ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

OWNER'S INFORMATION:

OWNER'S NAME: _____ PHONE: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

WORK DESCRIPTION: _____

TYPE OF FUEL: _____ TOTAL JOB COST: _____
 FUEL DISTRIBUTOR: _____ PHONE: _____

HIGH PRESSURE SYSTEM YES NO*

LIST WORKING PRIMARY HEAT SOURCE: _____

NOTE: UNVENTED GAS APPLIANCES WILL ONLY BE ALLOWED FOR SECONDARY HEATING SOURCE

CONTRACTOR INFORMATION:

CONTRACTOR NAME: _____
 LICENSE NUMBER: _____ PHONE: _____
 E-MAIL: _____

DIRECTIONS LEAVING OUR OFFICE: _____

ALL WORK TO COMPLY WITH ALL PROVISIONS OF COUNTY ORDINANCE AND CODES

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT: _____

SIGNATURE OF APPLICANT