Planning & Development Department

803-329-5590 / permits@cityofrockhill.com

Physical (By Appointment Only): 155 Johnston Street, Rock Hill, SC 29730 Mailing: PO

Box 11706, Rock Hill, SC 29731-1706

www.cityofrockhill.com



TRADES PERMIT APPLICATION

Mechanical PermitPlumbing PermitElectrical Permit	☐ Gas Permit☐ Fire Suppression System☐ Fire Sprinkler System Permiter	
Job Site Address:		
Property Owner Name:		Phone:
Property Owner Address:		Email:
Contractor Name:	Phone:	Email:
Address:	State L	c.#: City Business Lic. #:
Type of work: Residential ☐ Cor	mmercial 🗆	
Valuation of Work\$	Description:	
Mechanical:		
	Size of New Unit:	Size of Old Unit:
For residential projects:		
. ,	g or installing new equipment, subm	t Manual Land S calculations
,	•	branch lines and returns, submit Manual D calculations.
• •	echanical loads will be increased, sub	mit a <u>COMcheck form</u> and an <u>electrical load data form</u> .
Electrical:		
·	□ 2 wire 1 ph □ 3 wire 3 ph	•
Volts:Phas	e:Amperage:	Overhead 🗆 Underground 🗆
Is this a service upgrade? Yes	□ No □	
,	g an overhead service, call the Utiliti rt the service from overhead to unde	es Department at 803-329-5500 before beginning work. rground.
For commercial projects, if ele	ctrical loads will be increased, subm	t a COMcheck form and an electrical load data form.
Plumbing: If replacing a water or se	ewer line, do you need for the City to	replace the old tap? Yes □ No □
Certifications		
this permit shall conform to the and Ordinances pertaining the	e plans and specifications herewith streto. I further understand that if any	herein is true and correct and all work performed under ubmitted and to all applicable Building Codes and Laws information provided is found to be incorrect or falsely nsible for violation of other related state laws and local
☐ If I am not the property owne	r, I certify that I have the authority to	apply for this permit from the property owner.
☐ If I am the property owner, I c	ertify that I understand that I must u	se contractors licensed by the State of South Carolina.
Applicant Signature:	Applica	nt Printed Name:
		actor, Property Owner, Agent, etc.)