TOWN OF KIAWAH ISLAND

ELECTRICAL, PLUMBING & MECHANICAL GAS, PERMIT APPLICATION

Type of Work:	☐ Residential ☐ Commercial ☐ Install ☐ Repair ☐ Replace	Application Date ____ / ____ / ____	Permit No. _____
Estimated Value of Work (Labor and Materials): $_____			

PROJECT INFORMATION

Job Site Address:	Tax Map: _____
Property Owner Information: _____ Name City State Zip Code Phone	
Existing Building? ☐ Yes ☐ No	Building Permit #: _____ General Contractor: _____
Plumbing Fixtures/Services:_____	Amps: _____ Gas Outlets:_____
Scope of Work: _____ _____	

CONTRACTOR INFORMATION

Business Name:	Kiawah Contractor License:
_____ Street Address City State Zip Code	
Phone:	

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ _____

Signature of Contractor (State Certification number) Date

FOR OFFICE USE ONLY		Application Accepted by:
Administrative Fee: $ _____	Permit Fee: $ _____	TOTAL FEE: $ _____