



TOWN OF HAMPTON

BUILDING/ZONING DEPARTMENT
608 FIRST STREET WEST
Hampton, SC 29924

Phone: 803-943-2951
Fax: 803-943-2182
Email: hampton_building@embarqmail.com

MECHANICAL PERMIT APPLICATION

I hereby make application for permit to perform the work as described herein and if permit is granted I agree to conform to all ordinances and regulations of the Town of Hampton, S.C., pertaining thereto, whether specified herein or not, and in accordance with plans submitted and approved. I further agree to repair any sidewalks, streets or town property broken or damaged as a result of construction and agree to remove all trash and debris from the site as needed and upon completion of work.

Date: _____ Building Address: _____ Lot #: _____

APPLICANT INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

PARCEL INFORMATION

Tax map number: _____ Date purchased: _____
(You will need to contact the tax assessors office to obtain this information 803-943-7508)

CHECK IF SAME AS APPLICANT

Owner Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

CONTRACTOR CHECK IF SAME AS APPLICANT

Primary contractor: _____ State license #: _____

Address: _____ Phone: _____ Contact Person: _____

Contract price: _____ Town business license number: _____

PERMIT INFORMATION

Total contract amount: \$ _____ Type of work: New ___ Repair ___ Addition ___

Check One:

New complete HVAC system: ___ Existing unit only change out: ___ Duct work only: ___ Other: ___

Type of unit: GAS ___ Electric: _____

Description of work: *(ATTACH ADDITIONAL INFORMATION, PLANS OR SPECIFICATIONS AS NEEDED)*

X _____ *I hereby certify that information provided is true and correct*
Authorized agent signature