Town of McConnells
P O Box 115 McConnells, South Carolina 29726-0115

Permit Application	Date :	
Property Address:		Zoning District:
Property Owner:	Tax Map #:	
Applicant:	SC License #:	
Applicant E-Mail Address:		
Applicant Telephone #:		
PLEASE LIST ALL SUB CONTRA	ACTORS NAME AND SO	C LICENSE NUMBER ON
SEPARATE PIECE OF PAPER	AND SUBMIT WITH PI	ERMIT APPLICATION
Type of Permit:		
() New Building () Addition () Manufa	actured Hame () Repoyet	ion () Moving () Grading
() Demolition () Occupancy () Sign ()		
	Trumbing () Mechanical	() Electrical () I our
Description of work:		
Total Heated Square Feet:	Porch Sq Ft:	Garage Sq Ft:
# of Stories: # of Bedrooms:	# of Baths:	# of ½ Baths:
Foundation Type :	# of Plumbing Fixtures:	
Fireplace type:		
	Gas Company:	
Public Water & Sewer or Well and Sep		
Total Cost of Job:		
Print Name:		
Phone:		
	it Void After 6 Months	
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No Refund After 30 Days