

PLUMBING PERMIT APPLICATION

EMAIL ADDRESS
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ATHENS-CLARKE COUNTY INSPECTION DEPARTMENT
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STREET ADDRESS
120 W. Dougherty Street
Athens, GA 30601

STREET ADDRESS: _____ SUBDIVISION: _____

BLDG/TENANT SPACE#: _____ TAX MAP: _____ BLOCK: _____ LOT: _____

ZONE _____ EXISTING BLDG? Y _____ N _____ PRESENT USE: _____

OWNER: _____ ADDRESS: _____

WORK PERFORMED ON: SINGLE FAMILY _____ DUPLEX _____ APTS _____ CONDO _____ COMMERCIAL _____
CLASS A HOME _____ MAKE ADDITIONS/ALTERATIONS TO: _____

WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE ABANDONED IN EXCESS OF 6 MONTHS OR PERMIT WILL BECOME VOID.

TYPE WATER SERVICE: PUBLIC: SIZE: _____ OTHER: _____
PUBLIC: SIZE: _____ SEPTIC TANK: _____ OTHER: _____

CHECK IF APPLICABLE: PLUMBING FIRE SUPPRESSING IRRIGATION

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK MEETS ALL CODES AND ORDINANCES OF ATHENS-CLARKE COUNTY.

CONTRACTOR _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE _____

STATE LICENSE NO. _____

SHADED AREAS FOR OFFICE USE ONLY

MINIMUM FEE \$80.00 X NO. OF UNITS =

FIXTURES x \$2 =

PERMIT TOTAL = \$

STATE LICENSE NO. _____

BUSINESS LICENSE NO. _____

APPLICANT NAME (PRINT) _____

APPLICANT SIGNATURE _____ DATE _____

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APPLICATION DATE _____ PERMIT NO. _____ FEE _____