

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 PREFORMED 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

NO.	TYPE FIXTURE	FIXTURE UNITS	TRAP SIZE	REMARKS
				NO. OF FIXTURES _____

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. _____
BUSINESS LICENSE NO. _____
APPLICANT NAME (PRINT) _____
APPLICANT SIGNATURE _____ DATE _____

SHADED AREAS FOR OFFICE USE ONLY

MINIMUM FEE \$80.00 X NO. OF UNITS _____ = \$ _____

FIXTURES _____ x \$2.00 _____ = \$ _____

PERMIT TOTAL = \$ _____

APPLICATION DATE _____	PERMIT NO. _____	FEE _____
APPLICATION APPROVED _____	DENIED _____	DATE _____