## City of Statham 327 Jefferson Street Statham, GA 30666

## Plumbing Permit Application

|   |            | Statham, GA 30   |   |                                 |                         |                  |              |  |
|---|------------|------------------|---|---------------------------------|-------------------------|------------------|--------------|--|
| <ul><li>☐ Residential</li><li>☐ Commercial</li></ul>  |            | Date: /_         | Date: / / Permit No                                     |                                 |                         |                  |              |  |
| □ Altera  | tion/Repai | r Estimated Cost | stimated Cost of Construction (Labor and Materials): \$ |                                 |                         |                  |              |  |
| JOB SITE ADDRESS: PRO   |            |                  | PROJEC  | T NAME:                         |                         | ı                | OT/ SUITE #: |  |
| Property Use:   |            |                  | Zoning Class.:  |                                 |                         |                  |              |  |
| Job Description:  |            |                  |   |                                 |                         |                  |              |  |
| Property  | Name:      |                  |   |                                 |                         |                  |              |  |
| Owner   | Address:   |                  |   | Stat<br>Zip:                    |                         | Phone:<br>Email: |              |  |
| Trade<br>Contractor   | Name:      |                  |   | State License No.:              |                         |                  |              |  |
|   | Address:   |                  |   | Stat<br>Zip:                    |                         | Phone: Email:    |              |  |
| Type of Service:  |            |                  |   | NUMBER OF: Water Heater: Sinks: |                         |                  |              |  |
| Public: [ ] Size: Other:  |            |                  |   | Dishwasher: Disposal:           |                         |                  |              |  |
| Private: [ ] Size: Septic Tank:   |            |                  |   | Toilets: Separate Showers:      |                         |                  |              |  |
| Check if Applicable   |            |                  |   |                                 | Tub/Shower Combo: Tubs: |                  |              |  |
| [ ] PLUMBING [ ] FIRE SUPRESSION  |            |                  |   | Washer: Laundry Tub:            |                         |                  |              |  |
| Number of Heads:  |            |                  |   | Hose Bib: Other:                |                         |                  |              |  |
| Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes. |            |                  |   |                                 |                         |                  |              |  |
| Signature of Licensed Cardholder:   |            |                  |   |                                 | Date:                   |                  |              |  |
| FOR OFFICE USE ONLY   |            |                  |   |                                 | Accepted by:            |                  |              |  |
| Construction Type:  |            |                  |   |                                 | Occupancy:              |                  |              |  |
| Administrative Fee: Plan Review Fee:  |            |                  | Permi   | t Fee:                          |                         | CC Fee:          | Total Fee:   |  |
| \$  |            | \$               | \$  |                                 | \$                      |                  | \$           |  |