

**City of Maysville
4 Homer Street
Maysville, GA 30558**

**Plumbing
Permit Application**

- Residential
- Commercial
- Alteration/Repair

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS:

LOT/ SUITE #:

PROJECT NAME:

Property Use:

Zoning District:
Map and Parcel:

Job Description: _____

Property Owner

Name:

Address:

State:
Zip:

Phone:
Email:

Trade Contractor

Name:

State License No.:

Address:

State:
Zip:

Phone:
Email:

Type of Service:

Public: [] Size: _____ Other: _____

Private: [] Size: _____ Septic Tank: _____

Check if Applicable

[] PLUMBING [] FIRE SUPPRESSION

Number of Heads: _____

NUMBER OF: Water Heater: _____ Sinks: _____

Dishwasher: _____ Disposal: _____

Toilets: _____ Separate Showers: _____

Tub/Shower Combo: _____ Tubs: _____

Washer: _____ Laundry Tub: _____

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 or Applicant:

Date:

FOR OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:

\$ _____

Plan Review Fee:

\$ _____

Permit Fee:

\$ _____

CC Fee:

\$ _____

Total Fee:

\$ _____