

|   |                              |  |  |                              |
|---|------------------------------|--|--|------------------------------|
| <b>Franklin County</b><br><b>141 Athens St. / P.O. Box 159</b><br><b>Carnesville, GA 30521</b>  |                              |  | <b>Plumbing</b><br><b>Permit Application</b>   |                              |
| <input type="checkbox"/> <b>Residential</b><br><input type="checkbox"/> <b>Commercial</b><br><input type="checkbox"/> <b>Alteration/Repair</b>  |                              | <b>Date:</b> ____ / ____ / ____ <b>Permit No.</b> _____<br><b>Estimated Cost of Construction (Labor and Materials):</b> \$ _____ |  |                              |
|   |                              |  |  |                              |
| <b>JOB SITE ADDRESS:</b>  |                              | <b>PROJECT NAME:</b>   |  | <b>LOT/ SUITE #:</b>         |
| Property Use:   |                              |  | Zoning Class.:   |                              |
| Job Description: _____<br>_____   |                              |  |  |                              |
| <b>Property Owner</b>   | Name: _____                  |  |  |                              |
|   | Address: _____               |  | State: _____<br>Zip: _____   | Phone: _____<br>Email: _____ |
| <b>Trade Contractor</b>   | Name: _____                  |  | State License No.: _____   |                              |
|   | Address: _____               |  | State: _____<br>Zip: _____   | Phone: _____<br>Email: _____ |
| <b>Type of Service:</b><br><br>Public: [ ] Size: _____ Other: _____<br><br>Private: [ ] Size: _____ Septic Tank: _____<br><br><b>Check if Applicable</b><br><br>[ ] PLUMBING    [ ] FIRE SUPPRESSION<br><br>Number of Heads: _____  |                              |  | <b>NUMBER OF:</b> Water Heater: _____ Sinks: _____<br><br>Dishwasher: _____ Disposal: _____<br><br>Toilets: _____ Separate Showers: _____<br><br>Tub/Shower Combo: _____ Tubs: _____<br><br>Washer: _____ Laundry Tub: _____<br><br>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:  |                              |
| <b>FOR OFFICE USE ONLY</b>  |                              |  | Accepted by:   |                              |
| Construction Type:  |                              |  | Occupancy:   |                              |
| Administrative Fee:<br>\$ _____   | Plan Review Fee:<br>\$ _____ | Permit Fee:<br>\$ _____  | CC Fee:<br>\$ _____  | Total Fee:<br>\$ _____       |