

PERMIT #: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_



P.O. Box 158  
Bainbridge, Ga. 39818

www.bainbridgecity.com

Phone: 229-248-2000  
Fax: 229-246-7311

# PLUMBING PERMIT

1. Job Address: _____	
2. Owner: _____	
3. Contractor: _____	Phone: _____ License #: _____
4. Class of Work:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace
5. Building Use: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	Describe Work: _____ _____
6. Value of plumbing work being performed: _____	

### SPECIAL CONDITIONS

All work performed in accordance with applicable codes and/or ordinances requirements.

### NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, state or local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A 24 HOUR NOTICE  
IS REQUIRED FOR  
ALL INSPECTIONS.  
CALL 229-400-9182  
TO SCHEDULE  
AN INSPECTION.**

Application Accepted by: \_\_\_\_\_  
Date: \_\_\_\_\_

**72 HOURS BEFORE YOU DIG    CALL 1-800-282-741172 -- IT'S THE LAW!!!**