

PERMIT #: _____

PERMIT FEE: \$ _____



P.O. Box 158
Bainbridge, Ga. 39818

www.bainbridgecity.com

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

HOMEOWNER'S PLUMBING PERMIT

1. Job Address:						
2. Owner:						
3. Address:					Phone:	
4. Class of Work:	New	Addition	Alteration	Repair	Replace	Other
5. 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.

Owner Signature: _____

Date:

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

Application	Accepted	by:
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