



**City of Chamblee, Georgia
Permits & Inspections
770-986-5010**

Check Applicable Type:	
<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential

Plumbing Permit Application

Date: _____

(Shaded area for office use only)

Plumbing Permit #	Date Permit Issued:
Permit Issued By:	Building Permit #:

Job Address		City	State	Zip
Building #	Floor #	Apt/Lot #	Unit/Suite #	

Property/Building Owner (of Job Address)			Company Name (licensed sub-contractor)		
Address			Address		
City	State	Zip	City	State	Zip
Tel #	Mobile #		Tel #	Mobile #	
Fax #	E-Mail		Fax #	E-Mail	

Tenant/Business Name (for Commercial Business)		Plumbing Info:	
Contact Person:		No. Bedrooms _____ No. Bathrooms _____	
Phone #:		Check One:	
		<input type="checkbox"/> New Building <input type="checkbox"/> Bldg Enlargement <input type="checkbox"/> Expansion of existing system <input type="checkbox"/> Replacement	

<p>Fee Schedule:</p> <p>Water closets No. _____ x \$4.00 = _____</p> <p>Urinals No. _____ x \$4.00 = _____</p> <p>Lavatories No. _____ x \$4.00 = _____</p> <p>Sinks/Shampoo Bowls No. _____ x \$4.00 = _____</p> <p>Bath tubs No. _____ x \$4.00 = _____</p> <p>Showers No. _____ x \$4.00 = _____</p> <p>Water Heaters No. _____ x \$4.00 = _____</p> <p>Dishwashers No. _____ x \$4.00 = _____</p> <p>Washing machines No. _____ x \$4.00 = _____</p> <p>Disposals No. _____ x \$6.00 = _____</p> <p>Floor drains No. _____ x \$4.00 = _____</p> <p>Laundry tubs No. _____ x \$4.00 = _____</p> <p>Sump pumps No. _____ x \$6.00 = _____</p> <p>Pressure reducing valves No. _____ x \$6.00 = _____</p> <p>Sewer ejectors No. _____ x \$6.00 = _____</p> <p>Gas lines No. _____ x \$6.00 = _____</p> <p>Grease traps No. _____ x \$6.00 = _____</p> <p>Back flow preventers No. _____ x \$6.00 = _____</p> <p>Baptistries No. _____ x \$6.00 = _____</p> <p>Drinking fountains No. _____ x \$4.00 = _____</p> <p>Interceptors No. _____ x \$6.00 = _____</p> <p>Roof drains No. _____ x \$4.00 = _____</p>	<p>Fire Sprinkler \$10.00 + no. of heads @ # _____ x \$0.25 = _____</p> <p>Lawn Irrigation System \$10.00 + no. of heads @ # _____ x \$0.25 = _____</p> <p>Sewer Service _____ feet \$20.00 1st 100 ft. plus \$0.15/ft. over 100 ft.</p> <p>Water Service _____ feet \$20.00 1st 100 ft. plus \$0.15/ft. over 100 ft.</p> <p>Other _____</p> <p>_____</p> <p>_____</p> <p align="center">Flat Fee: \$80.00</p> <p align="center" style="border: 1px solid black; padding: 5px; width: 100px; margin: auto;">\$</p> <p>Payment: Ck #: _____ Cash: _____ Credit: _____</p>
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STATE CARDHOLDER:	QUALIFICATIONS CURRENTLY HELD	
Name (print):	<input type="checkbox"/> CLASS I - RESTRICTED	<input type="checkbox"/> CLASS II - NON-RESTRICTED
Project Contact:	State Card #:	
Tel #:	Current Business License #:	
Fax #:	Mobile #:	E-Mail:
<p><i>This is to certify that I will personally supervise this installation.</i></p> <p>Signature of State Card Holder:</p> <p>Signature of Homeowner: (sign only if the work is being performed by the homeowner)</p>		