



115 EAST M. L. KING, JR. DRIVE
 HINESVILLE, GA. 31313
 (912) 876-4147
 FAX (912) 876-4770

PLUMBING

PERMIT APPLICATION

PROJECT LOCATION:		SUBDIVISION:		LOT / UNIT NUMBER:	
PROPERTY OWNER:		PHONE:		EMAIL:	
MAIL ADDRESS			CITY:		STATE: ZIP:
CONTRACTOR:		OFFICE PHONE:		MOBILE/LINK#:	
MAIL ADDRESS:			CITY:		STATE: ZIP:
LICENSE TYPE:		STATE LICENSE NUMBER:		EXPIRATION DATE:	
BUILDING OCCUPANCY TYPE:		CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR			
BRIEF WORK DESCRIPTION:				TOTAL ESTIMATED COST: \$	

I hereby make application for permission to install, alter or repair a plumbing system at the address indicated above and I agree to comply with all rules, regulations and codes governing plumbing system installations within the city limits of Hinesville, GA

ITEM #	DESCRIPTION OF SYSTEM, APPURTENANCE, FIXTURE OR PLUMBING DEVICE	UNIT (EA, LF)	NUMBER OF UNITS	MATERIAL	SIZE/ CAPACITY	NOTE / COMMENT
1						
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ARE THERE SEPARATE SHEET(S) FOR ADDITIONAL ITEMS ATTACHED TO THIS APPLICATION? YES NO

I, the STATE LICENSED PLUMBING CONTRACTOR or AUTHORIZED PROPERTY OWNER of the plumbing system, certify that I will personally install or supervise the installation of all components, piping, fixtures, fittings and devices associated with the plumbing system located on the premises indicated above.

SIGNATURE: _____ **DATE:** _____

DEPARTMENTAL PERSONNEL USE ONLY BELOW THIS LINE
WHEN PROPERLY VALIDATED, THIS IS YOUR PERMIT-DO NOT BEGIN WORK UNTIL THE PERMIT NUMBER IS ASSIGNED BELOW.

APPROVED BY:	DATE:	PERMIT FEE: \$	PERMIT NUMBER:
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COMMENTS

PLUMBING PERMIT APPLICATION CONTINUATION SHEET

ITEM #	DESCRIPTION OF SYSTEM, APPURTENANCE, FIXTURE OR PLUMBING DEVICE	UNIT	NUMBER OF UNITS	MATERIAL	SIZE/ CAPACITY	NOTE / COMMENT
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