City of Fort Valley 204 West Church Street Fort Valley, Georgia 31030 www.fortvalley.org	**Plumbing Permit Application**

☐ **Residential** ☐ **Commercial** ☐ **Alteration/Repair**	**Date: _____ /_____ /_____** **Permit No. _____** **Estimated Cost of Construction (Labor and Materials): $_____**

JOB SITE ADDRESS:	**LOT/ SUITE #:**	**PROJECT NAME:**

Property Use:	Zoning District: Map and Parcel:

Job Description: _____

_____

Property Owner	Name:		
	Address:	State: Zip:	Phone: Email:
Trade Contractor	Name:	State License No.:	
	Address:	State: Zip:	Phone: Email:

Type of Service:

Public: ☐ Size: _____ Other: _____

Private: ☐ Size: _____ Septic Tank: _____

Check if Applicable

☐ PLUMBING ☐ FIRE SUPRESSION

Number of Heads: _____

NUMBER OF: Water Heater: _____ Sinks: _____

Dishwasher: _____ Disposal: _____

Toilets: _____ Separate Showers: _____

Tub/Shower Combo: _____ Tubs: _____

Washer: _____ Laundry Tub: _____

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 or Applicant: Date:

FOR OFFICE USE ONLY	Accepted by:
Construction Type:	Occupancy:

Administrative Fee:	Plan Review Fee:	Permit Fee:	CC Fee:	Total Fee:
$ _____	$ _____	$ _____	$ _____	$ _____