CITY OF STONE MOUNTAIN
PLUMBING PERMIT APPLICATION

ALL PERMITS MUST BE POSTED AT THE JOB ADDRESS

<table>
<thead>
<tr>
<th>PLUMBING PERMIT #</th>
<th>____________________________</th>
<th>INSPECTION LINE: 770-498-8984 - EXT. 145</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE ISSUED</td>
<td>____________________________</td>
<td>All requests must be in 12:00 p.m. for a next day inspection</td>
</tr>
<tr>
<td>ISSUED BY</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>BLDG PERMIT #</td>
<td>____________________________</td>
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</tbody>
</table>

**REQUIRED ATTACHMENTS:**
- State Card
- Business License
- Drivers License
- Homeowners Affidavit
- Permit Agent Form

**Check Applicable Type:**
- Residential (Single Family)
- Residential (Multi-Family)
- Commercial (Includes Townhomes & Condominiums)
- Commercial (Includes Apartments, Duplexes & Triplexes)

**Check Applicable Plumbing Information:**
- New Building
- Addition to Building
- Expansion to Existing System
- Replacement
- Fire Damage
- Gas Line Pressure Test (Maximum 10 lbs of pressure must be applied for test)

<table>
<thead>
<tr>
<th>JOB ADDRESS</th>
<th>____________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIT OR SUITE #</td>
<td>_________  APT #</td>
</tr>
<tr>
<td>CITY</td>
<td>____________________________  STATE</td>
</tr>
</tbody>
</table>

**PLUMBING, GENERAL CONTRACTOR OR PERMIT AGENT**

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>____________________________________________________</th>
</tr>
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<tbody>
<tr>
<td>ADDRESS</td>
<td>____________________________  CITY</td>
</tr>
<tr>
<td>EMAIL</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>MOBILE</td>
<td>____________________________  TELE</td>
</tr>
</tbody>
</table>

**PLUMBING OR GENERAL CONTRACTOR SIGNATURE**
(MUST BE THE STATE CARD HOLDER)

**PERMIT AGENT SIGNATURE**
(AUTHORIZED PERMIT AGENT FORM MUST BE ATTACHED)

**PROPERTY OWNER**

<table>
<thead>
<tr>
<th>PRINT NAME</th>
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<tr>
<td>MOBILE</td>
<td>____________________________  TELE</td>
</tr>
</tbody>
</table>

**PROPERTY OWNER SIGNATURE**
(ONLY REQUIRED IF THE WORK IS BEING PERFORMED BY THE HOMEOWNER - HOMEOWNERS AFFIDAVIT MUST BE ATTACHED)

**TENANT NAME (IF APPLICABLE)**

| TELEPHONE # | ____________________________ | TENANT NAME (IF APPLICABLE) | ____________________________ |
CITY OF STONE MOUNTAIN ★ PLUMBING PERMIT APPLICATION

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CHECK ALL THAT APPLY:

- Water closets
- Lavatories
- Sinks/Shampoo bowls
- Showers
- Water heaters
- Dishwashers
- Washing machines
- Floor drains
- Roof drains
- Laundry tubs
- Drinking fountains
- Urinals
- Grease traps
- Back flow preventers
- Baptisteries
- Interceptors
- Disposals
- Pressure Reducing Valve
- Sewer ejectors
- Gas lines
- Sump pump
- Fire Sprinkler System
  Number of heads
- Lawn Sprinkler System
  Number of heads
- Sewer Service - Number of Feet
- Water Service - Number of Feet
- Other (List)
  ________________ NO ________
  ________________ NO ________
  ________________ NO ________

Re-Inspection Fee for each inspection completed: $50.00

Non-Refundable Fees Due:

- Administrative Fee $50.00
- Plumbing Permit Fee $__________ (minimum: $75.00)
- Penalty (If Applicable) $__________
- 100% of Permit Fee or $75.00

Total Permit Liability $__________

PLUMBING PERMIT # ________________

DATE ISSUED ________________

ISSUED BY ________________

BDLG PERMIT # ________________

Date Paid ________________