

PLUMBING PERMIT

**Design, Environment
& Construction**
2635 Talley Street
Decatur, GA 30030
Phone 404-370-4104
Fax 404-370-0691



Staff use only

Permit no. _____

Issued by _____

Date issued _____

You must post a copy of this permit in a conspicuous place on or in the vicinity of the property and deliver a copy of the permit to the property owner within ten days of the receipt of the permit.

Job address _____ Decatur, GA 30030

Building permit no. _____ Today's date _____

Name of property owner _____

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Name of plumbing contractor _____

Address _____ City/state/ZIP _____

Email _____ Phone _____

State license holder _____ License holder signature _____

State license no. _____ Business license no. _____

Homeowner signature (if work performed by homeowner) _____

Class of work (for example: new, replacement, renovation) _____

Fixture	Fee	# of	Total Fee	Fixture	Fee	# of	Total Fee
Bath tubs	\$8			Service sinks	\$8		
Clothes washer	\$8			Sewers	\$50		
Dishwashers	\$8			Showers	\$8		
Disposals	\$8			Building sprinklers	\$50		
Floor drains	\$8			(plus \$.50/head)	\$0.50		
Gas line	\$50			Urinals	\$8		
Interceptors	\$8			Water closets	\$8		
Kitchen sinks	\$8			Water fountains	\$8		
Lavatories	\$8			Water heaters	\$8		
Irrigation system	\$8			Water services	\$8		
Backflow preventer	\$8			Other			

Total of all fees (minimum fee is \$50) \$ _____

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Complete application received by _____ Date _____

Rough inspection _____ Date _____

Final inspection _____ Date _____