



BARTOW COUNTY

Steve Taylor, Sole Commissioner

Building Inspections

Brandon Johnson, Director

PLUMBING PERMIT APPLICATION

Property Address: _____

City: _____

Zip Code: _____

Parcel ID #: _____

Owner(s) Name: _____ Owners' Phone #: _____

If Commercial, list name of Business: _____

Contact Person & Phone #: _____

Scope of work being performed:

Type of work: New Addition Alteration Repair Pressure Test

If this is for a Pressure Test, name of the Utility Company? _____

Customer's Name: _____

of new Backflows? _____

of new Fixtures? _____

of new Grease Traps? _____

of new Water Heaters? _____

Will this be connecting to Sewer? Yes No

Valuation of job? _____

Plumbing Contractor Information

Company Name: _____

Master License Holder: _____ License #: _____

Mailing Address: _____

Best Contact #: _____ Fax #: _____

Email Address: _____

I hereby certify that I have read and examined this application and the information contained herein to the best of my knowledge is true and correct.

Printed Name

Signature

Date