CITY OF CHILDERSBURG
APPLICATION FOR PLUMBING PERMIT

Name of Contractor: ____________________________________ Date: ______________

Address of Job Site: ______________________________________
Lot: ______________________ Block: _____________ Survey: ______________________

Builder: _________________________________________________
Owner: _________________________________________________ Phone: ___________________
Owner’s Address: __________________________________________

Type of Occupancy: Residential ______ Commercial ______ Industrial ______
New Building _____ Existing _____ Building Addition _____ MFG Home _____

Type of Sewage Disposal: Sanitary Sewer _____ Septic Tank ______ Health Department Permit # _____________

Type of Sewer Lines: PVC _____ C.I. _____ Copper _____ Other ____________

Type of Water Service: Copper _______ CPVC _________ M.I. _________

Number of: Kitchens ___ Sinks _____ Mop Sinks _____ UTL Sinks _____

Number Baths: _________ Number of Sinks (Face Bowls): _____________

Number of Water Closets: _____ Number of Showers:_____ Number of Tubs: ______

Hot Water Heaters: Gas _________ Electric _________ Dishwashers _____________

Number of Hose Bibbs: ____________________________

City of Childersburg License Number: ________________________________

Inspections Required:
☐ Sewer Tie In ____________________________
☐ Rough In _______________________________
☐ Final Inspection __________________________

I hereby certify that the information given above is true and correct to the best of my knowledge: Signed: ________________________________

Permit Fee $ __________________
Issuance Fee $ __________________
Total Fees $ __________________

PERMIT # P ______________________