

**RESIDENTIAL PLUMBING PERMIT
PERMIT APPLICATION**

City of Temple

P.O. Box 160 Temple, GA 30179
(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number _____

DATE _____

Street Address _____

Plumbing Contractor _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

State Card Holder's Name: _____ State Card # _____

Job Type: New Addition Remodel Repair Move Demolition

Sewer Type: City Sewer Septic Tank

Location Type: Residential Apartments Industrial Commercial

| ITEM | QTY | ITEM | QTY |
|----------------------------------|-------|----------------------------------|-------|
| (In-Line) Back Flow Preventor | _____ | Shower | _____ |
| Drinking Fountain | _____ | Sinks | _____ |
| Bar Sink | _____ | Fire (Per Bldg Sprinkler System) | _____ |
| Jacuzzi/Hot Tub | _____ | Sump Pump | _____ |
| Dishwasher | _____ | Urinals | _____ |
| Laundry Tub | _____ | Washing Machines | _____ |
| Drain (Floor Area) Roof | _____ | Toilet Water Closet | _____ |
| Sewer Line P/FT Pipe Underground | _____ | Water Heater | _____ |
| Lawn Sprinkler | _____ | Bath Tub | _____ |
| Water Line | _____ | Garbage Disposal | _____ |
| Lavatories | _____ | Other: _____ | _____ |
| Sewer Ejector | _____ | MINIMUM FEE @ 20.00 | _____ |
| Sewer Tap | _____ | | |

TOTAL NUMBER OF FIXTURES: _____
(Enter this number in the Permit Calculator)

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All work shall conform to the latest edition of the Southern Standard Plumbing Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

.....
Office Use Only

Electrical Permit: Paid
 Approved

Date: _____ Clerks Initials: _____

Denied Reason: _____

—————→ **This permit only valid with accompanying BUILDING PERMIT** ←————