

**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	_____		
Sewer Ejector	_____	Other: _____	_____
Sewer Tap	_____	<b>MINIMUM FEE @ 20.00</b>	_____

**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** ←————