



MORGAN COUNTY PLANNING AND DEVELOPMENT

150 East Washington Street, Suite 200
P.O. Box 1357
Madison, Georgia 30650
(706)342-4373 Office · (706)343-6455 Fax

Plumbing Permit Application

Owner Information

Name:		Phone:
Address:		
City:	State:	Zip Code:
Contact:	Phone:	Email:

Project Location

Name:		Tax Map & Parcel:
Address:		
City:	State:	Zip Code:
Contact:	Phone:	Email:

Contractor Information

Name:		Phone:
Address:		
City:	State:	Zip Code:
Contact:	Phone:	Email:
Georgia License #:	(Provide Copy)	Expiration Date:
Occupational Tax #:	(Provide Copy)	Issuing Jurisdiction:

All contractors must provide a copy of state contractor's license and occupational tax certificate.

Read Before Signing

I hereby certify that all information in this application is correct and all work will comply with the all the codes adopted by the State of Georgia and Morgan County, and all applicable Federal, State and Local Laws, Ordinances and Regulations. The Morgan County Planning & Development Office will be notified and receive any changes to the approved plans and specifications for said permit.

Applicant: Owner Architect/Engineer Contractor Other: _____

Print Name: _____

Applicant Signature: _____ **Date:** _____

Project Information

Total cost of construction: _____

(Check all that Apply)

Occupancy Class	Construction Type	Water Source
<input type="checkbox"/> Agricultural <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> High Hazard <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Utility/Miscellaneous	<input type="checkbox"/> Additional Fixtures <input type="checkbox"/> Agricultural Flush System <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Grease Trap Installation <input type="checkbox"/> Lawn Sprinkler System <input type="checkbox"/> New Construction <input type="checkbox"/> Relocating Fixtures <input type="checkbox"/> Sewer Line Installation <input type="checkbox"/> Water Line Installation	<input type="checkbox"/> City of Bostwick <input type="checkbox"/> City of Madison <input type="checkbox"/> City of Rutledge <input type="checkbox"/> Town of Buckhead <input type="checkbox"/> Private Water System <input type="checkbox"/> Private Well

Plumbing Fixtures

	Water Closet (Toilet)		Floor Drain
	Urinal		Pressure Reducing Valve
	Lavatory		Backflow Preventer
	Bath Tub		Sewer Ejectors
	Shower		Sump Pump
	Sink		Grease Trap
	Dishwasher		Master Trap
	Ice Maker		Baptistery
	Washing Machine		Drinking Fountain
	Laundry Tub		Other Fixtures
	Water Heater		Sprinkler Heads
	Hot Tub		

Plumbing Permit Fee

Base permit \$40.00 plus

Number of Fixtures _____ x \$2.50

Total _____



State Licensing Board for Residential and General Contractors

The Authorized Permit Agent form may be used by a licensed contractor to designate an individual to obtain permit(s) on his/her behalf for a project(s). The contractor should submit an Authorized Permit Agent Form for each project that he/she designates an individual to pull permits for. The form is to be given to the permit office in the city or county in which the project is located. Do not send a copy of this form to the Board office unless you are requested to do so.



State Licensing Board for Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: Individual Qualifying Agent

Name of licensed person

*Please attach a copy of Individual license or Company License (Reflects company and qualifying agent license number)

License number of individual or qualifying agent:

Name of licensed company(if applicable)

License number of company(if applicable):

I, hereby designate Licensed Individual or Qualifying Agent

to apply for and obtain the permit(s) for the *Please attach a copy of the authorized permit agent's driver's license.

project at:

Street address

Apartment or Suite Number

City Zip Code

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent

State of County of

Subscribed and sworn to before me this day of 20

Signature of Notary Public (Seal)