

**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 _____