



CITY OF JONESBORO

1859 CITY CENTER WAY
JONESBORO, GA. 30236
770-478-3800 • FAX 470-726-646

DATE _____

PERMIT NO. _____

BLDG. PERMIT NO. _____

Application for Plumbing Permit

Subdivision _____

Lot _____ Block _____

Address of Job _____

General Contractor _____

City _____ State _____ Zip _____

Company Address _____

Plumbing Contractor _____

City _____ State _____ Zip _____

Address _____

Telephone () _____

City _____ State _____ Zip _____

Telephone () _____

State Card No. _____

This is to certify that I will supervise this installation.

Class I

Class II

Master Plumber _____

Bus Lic No. _____ City/County _____

Print Name _____

EMAIL ADDRESS:

Minimum Permit Fee -- \$75.00

Permit must be obtained before job is started and all items permitted, or fees shall be doubled.

New Residential Construction

Heated square foot area _____ x .035 = _____

(.025 per square foot of heated space)

Garbage Disposal _____ x 12.50 = _____

(Plus \$12.50 each garbage disposal)

Commercial/Residential (Replacement/Addition) Construction

Qty	Fee	Description	Total	Qty	Fee	Description	Total
_____	5.25	Water Heater	_____	_____	9.00	Sump Pump	_____
_____	5.25	Water Closet/Urinal	_____	_____	43.75	Sewer Ejector	_____
_____	5.25	Sink/Basin	_____	_____	87.50	Oil Inceptors	_____
_____	5.25	Bath Tub/Shower	_____	_____	9.00	Church Baptistry	_____
_____	5.25	Dishwasher	_____	_____	5.25	Inside Roof Drains	_____
_____	12.50	Disposal	_____	_____	43.75	Outside Grease Trap	_____
_____	5.25	Washing Machine	_____	_____	5.25	Water Heater 50,000BTU	_____
_____	5.25	Laundry Tub	_____	_____	17.50	each add 50,000BTU	_____
_____	5.25	Floor Drain/Roof Drain	_____	_____	5.25	Sewer	_____
_____	5.25	Drinking Fountain	_____	_____	5.25	Other	_____

Lines

Processed piping/outside sprinkler

No. Ft.	Fee	Description	Total	No. Ft.	Fee	Description	Total
_____	.175	Sewer Line	_____	_____	.17	First 1,000 linear foot (170.00)	_____
_____	.175	Water Line	_____	_____	.084	Next 4,000 linear foot (336.00)	_____
_____	.175	Gas Line	_____	_____	.07	Next 5,000 linear foot (350.00)	_____
				_____		Over 10,000 linear ft. (875.00)	_____

TOTAL PERMIT FEE \$ _____

DO NOT COMPLETE THE FOLLOWING—for office use only

Temp # _____

Approved By: _____ Input By: _____ Issued By: _____ Date: _____

Permit Cost: _____ Payment Amt: _____ Payment Type: Cash Check Credit Card # _____

Original—File

Yellow—Inspector

Pink—Applicant