



The City of Snellville
 Department of Planning & Development
 2342 Oak Road, 2nd Floor
 Snellville, GA 30078
www.snellville.org

(770) 985-3513
 (770) 985-3514
 FAX (770) 985-3551

APPLICATION FOR PLUMBING PERMIT

Permit No. **P**

DATE _____

Permit for: NEW INSTALLATION REPLACEMENT REPAIR

Property: RESIDENTIAL COMMERCIAL

(please print or type)

ADDRESS OF JOB _____

For City of Snellville Use: ADDRESS VERIFIED TO BE IN CITY LIMITS: _____

SUBDIVISION/LOT/BLOCK _____

OWNER _____ PHONE _____

PLUMBING CONTRACTOR _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ E-Mail _____

Contact Person _____ Cell Phone (_____) _____

WORK TO BE PERFORMED

BATH TUB _____	LAVATORY _____	SLOP SINK _____
DISHWASHER _____	MAIN WATER LINE _____	URINALS _____
DISPOSAL _____	SEPTIC TANK* _____	WASH MACHINE _____
DRAIN _____	SHOWER _____	WATER CLOSET _____
DRINK FOUNTAIN _____	SINK _____	WATER HEATER _____
LAUNDRY TUB _____	POOL (Repair or Replacement Only) _____	
OTHER _____		

* Septic Tank installation, replacement, or repair requires site approval and permit by the Gwinnett County Board of Health Environmental Health Department (770-963-5132) prior to issuance of City of Snellville Plumbing Permit.

TOTAL PERMIT FEE \$ _____
 (Make check payable to City of Snellville)

MINIMUM PERMIT FEE IS \$30.00

I understand that the City of Snellville requires plans on commercial buildings using other than residential plumbing fixtures only. A permit shall be secured from the Department of Planning and Development prior to the commencement of any tear-out or plumbing work. Upon job completion, please call the Department of Planning and Development (770-985-3513) to arrange for a **next-day** inspection by the City Building Inspector. I certify that all the above statements are true and that all work performed shall meet National, State, and Local code requirements. Paid permit application shall serve as City of Snellville Plumbing Permit

PLEASE ATTACH A CURRENT COPY OF YOUR OCCUPATION TAX/BUSINESS LICENSE AND STATE LICENSE

 CONTRACTOR (PRINT NAME)

 CONTRACTOR SIGNATURE

 STATE LICENSE CARD # EXPIRATION DATE

 BUSINESS LICENSE # CITY/COUNTY EXP. DATE

FOR CITY USE: Inspection completed on: _____ Inspected by: _____ PASSED: YES / NO