



Stephens County Building Department  
802 E. Doyle Street  
Toccoa, GA 30577  
706-898-5750  
PLUMBING PERMIT APPLICATION

PERMIT # \_\_\_\_\_ License# \_\_\_\_\_

Job Address: \_\_\_\_\_ Power Company \_\_\_\_\_

Map and Parcel \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work is: (circle one)      New      Addition      Alteration      Repair

Describe Work: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

**IMPORTANT NOTICE**

A permit becomes null and void if the work it authorizes does not commence within 180 days of its issuance. A required inspection must occur within 180 days of the issue date of a permit or the job will be considered abandoned and the permit will become null and void. If the permit becomes null and void, it will be necessary to renew the permit and pay all appropriated fees prior to any future inspections.

**NOTIFICATION TO OWNER: APPRAISERS FROM THE TAX ASSESSORS OFFICE WILL BE CONDUCTING ON-SITE EVALUATIONS UNTIL PROJECT IS COMPLETED.**

I have read and understand the preceding statements. \_\_\_\_\_ (Applicant's initial)

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature

DATE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RECEIVED BY: \_\_\_\_\_