APPLICATION FOR PLUMBING PERMIT
CITY OF DULUTH
3167 Main Street, Duluth, GA 30096
Office: (770) 476-1790 Inspection Request Line: (770) 497-5333

Fee: $60.00 Permit No.: _____

Business License No.: _____ Expiration Date: _____
(must attach a copy to each permit)

Plumbing Contractor: _____

Contractor's Address: _____

City, State, Zip: _____ Email Address: _____

Contractor's Phone No.: _____

Job Site: _____

Subdivision Name: _____ Lot: _____

Tenant/Business Name: _____ Suite No.: _____

I HEREBY MAKE APPLICATION TO: ☐ INSTALL ☐ REPAIR

☐ REPLACE THE FOLLOWING EQUIPMENT:

Waste empties into:	**Sanitary Sewer** ☐	**Septic Tank** ☐	
Water Heater	_____	Drinking Fountain	_____
Water Closet	_____	Urinals	_____
Sink	_____	Dishwasher	_____
Lavatory	_____	Slop Sink	_____
Tub Bath	_____	Disposal	_____
Shower	_____	Washing Machine	_____
Laundry Tub	_____	Septic Tank	_____
Drain	_____		

Other _____

I certify that I am the person performing the work listed on this application, and all information is accurate to the best of my knowledge. I understand that I must meet all code requirements as stated in the Duluth Building Code.

_____ _____
Contractor's Signature Print Name

State License No.: _____ Date of Expiraton: _____
(must attached a copy to each permit)

Permit Issued By: _____ Date: _____