

City Hall

City of Bogart

125 Main St.

(770) 725 - 7386



P.O. Box 206

(770) 725-5988 Fax

Bogart, GA 30622

City of Bogart Residential and Commercial Plumbing Permit Application

PERMIT FEE \$30

THIS PERMIT BECOMES NULL & VOID IF AUTHORIZED WORK OR CONSTRUCTION IS NOT STARTED WITHIN 6 MONTHS FROM THE ISSUED DATE OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.

Street Address _____ Subdivision: _____

Tax Map: _____ Block: _____ Lot: _____ Zoning District: _____

Is this an Existing Building? Y _____ N _____ Present Use: _____

Work Performed on:

Single Family _____ Duplex _____ Condo _____ Mobile Home _____ Commercial _____

or Making additions/alterations to: _____

Enter the Type and Number of Fixtures Being Installed, Replaced or Repaired

Type of Fixture	# Units	Trap Size	# Type of Fixture	Units	# Trap Size
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		
Public water <input type="checkbox"/> Y <input type="checkbox"/> N		Public Sewer <input type="checkbox"/> Y <input type="checkbox"/> N		Private Well <input type="checkbox"/> Y <input type="checkbox"/> N	
				Other: _____	
Check if applicable: Plumbing _____ Fire Suppression _____ Irrigation _____			Septic Tank <input type="checkbox"/> Y <input type="checkbox"/> N County Septic Permit No. _____		
Please attach copy to application. No Permit will be issued without this.					

Contractor: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Fax: _____
Occupational Tax No. _____
State Certification No. _____
 Please attach copy of State Certification

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and City of Bogart Codes and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ **Date:** _____

Contractor's Signature

Note: All inspections will be completed by Oconee County Inspections Officers for which a 24 hour notice must be given.

For Office Use only:

Date Application Filed: _____ Permit Fee: \$ _____
 Application: Approved _____ Denied _____ Date: _____
 Permit No: _____
 _____ Date: _____
 Signature of Official Issuing Permit per Inspector's approval
