

CITY OF LINCOLNTON
Plumbing Permit Application

Date: _____

Project Address: _____

Property Owner: _____

Contractor: _____ Phone #: _____

Contractor Address: _____

Email address: _____

Georgia State Plumbing License: _____ Expire: _____

Start Date: _____ Completion Date: _____ Cost: _____

Number of the following being installed:

Plumbing Fixtures: _____ Water Heater and/or Vent: _____
House Sewer: _____ House Sewer to be replaced or repaired: _____

Installation, alteration or repair of water pipes or repair or alteration of drainage/venting pipe:
Installed: _____ Repaired: _____

Vacuum Breakers or backflow protection devices installed after the installation of the piping or equipment served: Installed: _____

I certify that I have read and examined this application and know the same to be true and correct. I understand that the issuance of a permit does not waive the provision of any state or local law regulating construction or the performance of construction. I agree to call for all inspections required by the City of Lincolnton, and allow the City of Lincolnton Building Official or other City Representative entry to this property for any inspections pertaining to construction, safety, or health. I agree to pay for any reinspection fees and mileage.

I understand that any deviation to this approved gas application without prior approval from this office may result in disapproval of this project and a stop work order issued.

Requester's Signature: _____ Date: _____

*******For Internal Use*******

Permit Fee Paid: _____ Permit #: _____

Issued by: _____ Date: _____

Code Enforcement Approval: _____ Map/Parcel: _____

Larry Goolsby

Date