

PERMIT #: \_\_\_\_\_

FEE: \$ \_\_\_\_\_

72 Hours Before You Dig  
Call 1-800-282-7411  
It's The Law

**City of Donalsonville**  
**BUILDING DEPARTMENT**  
Phone (229) 524-2118 Fax (229) 524-8360  
**PLUMBING PERMIT**

OWNER  
JOB ADDRESS

*Applicant to complete numbered spaces only.*

JOB ADDRESS			
1	ZIP	PROPERTY TAX ID#	
OWNER			PHONE
2			
CONTRACTOR		PHONE	LICENSE NO.
3			
MAIL ADDRESS			
4			
PROFESSIONAL DESIGNER		PHONE	REGISTRATION NO.
5			
MAIL ADDRESS			BRANCH
6			
USE OF BUILDING			
7			
8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR			
9 Describe work:			

10 VALUATION OF WORK: \$ \_\_\_\_\_

SPECIAL CONDITIONS: All work performed in accordance with 2006 IBC Standard Plumbing Code.

**INDEMNIFY AGREEMENT.**

Upon meeting all requirements of the City of Donalsonville for the Issuance of this Permit and in consideration for the Issuance by the County/City of such permit, the applicant/owner hereby agrees to hold harmless and indemnify the County/City of and from any and all claims, demands, cost, suits, actions and causes of actions of every kind description made against the County/City.

**NOTICE**

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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 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.

Applicant or Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Department Representative \_\_\_\_\_ Date \_\_\_\_\_

PERMIT FEES		
No.	Type of Fixture or Item	Fee
	WATER CLOSET (TOILET)	\$
	BATHTUB	
	LAVATORY (WASH BASIN)	
	SHOWER	
	KITCHEN SINK & DISP.	
	DISHWASHER	
	LAUNDRY TRAY	
	CLOTHES WASHER	
	WATER HEATER	
	URINAL	
	DRINKING FOUNTAIN	
	FLOOR SINK OR DRAIN	
	SLOP SINK	
	GAS SYSTEMS: NO. OUTLETS	
	WATER PIPING & TREATING EQUIP.	
	WASTE INTERCEPTORS	
	VACUUM BREAKERS	
	LAWN SPRINKLER SYSTEM	
	SEWER	
	CESSPOOL	
	SEPTIC TANK & PIT	
	PERMIT FEE	\$
	INSPECTION FEE	\$
	APPLICATION FEE	\$
	<b>TOTAL FEE</b>	<b>\$</b>

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PLAN CHECK VALIDATION    CK.    M.O.    CASH    PERMIT VALIDATION    CK.    M.O.    CASH