



Greene County  
Plumbing  
**PERMIT**  
Application

BUILDING, PLANNING & ZONING  
706-453-3333  
fax 706-453-2579  
1034 Silver Dr  
Suite 103  
M-F 8am-5pm

**OFFICE USE ONLY**

PERMIT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
PERMIT FEE \_\_\_\_\_

**PROPERTY INFORMATION**

ADDRESS OF PROJECT \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_ PARCEL \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**CONTRACTOR INFORMATION**

NAME OF CONTRACTOR \_\_\_\_\_  
MAIN CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
GA. STATE CERTIFICATION # \_\_\_\_\_  
LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**WORK PERFORMED:**

- New service
- Replacement

- Water Heater: \_\_\_\_\_ Gas \_\_\_\_\_ Electric
- Water lines
- Gas lines

Fee: \$50

Print name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_