DeKalb County, Georgia

Department of Planning and Sustainability

PLUMBING PERMIT APPLICATION

Date:_____

Check Applicable Type:
☐ Residential ☐ Non-Residential

(Shaded area for office use only)

Plumbing Permit AP #:	Date Permit Issued:

Building Permit #

Job Address	City	State	Zip

Building No.	Floor No.	Apt / Lot #	Unit / Suite #

DESCRIPTION OF WORK: _____

_____

_____

_____

Plumbing Information

No. of Bedrooms _____ No. of Bathrooms _____	**Check One:** ☐ New (New Building) ☐ Addition (Bldg. Enlargement) ☐ Expansion (To Exist. Sys.) ☐ Replacement

Fee Schedule: Minimum Fee $100 + $20 Technology Fee + Fire Review Fee (Fire Sprinkler Systems)

Water closets	No. _____ X $10.00 = _____	Urinals	No. _____ X $10.00 = _____
Lavatories	No. _____ X $10.00 = _____	Roof Drains	No. _____ X $10.00 = _____
Sinks/Shampoo bowls	No. _____ X $10.00 = _____	Interceptors	No. _____ X $14.00 = _____
Bath tubs	No. _____ X $10.00 = _____	Disposals	No. _____ X $14.00 = _____
Showers	No. _____ X $10.00 = _____	Fire Protection Sprinkler	Sys. ____ X $18.00 = _____
Water heaters	No. _____ X $10.00 = _____	Lawn Sprinkler	Sys. ____ X $26.00 = _____
Dishwashers	No. _____ X $10.00 = _____	Back Water Valve	No. _____ X $10.00 = _____
Washing machines	No. _____ X $10.00 = _____	Expansion Device	No. _____ X $10.00 = _____
Floor drains	No. _____ X $10.00 = _____	Sewer Service	No. _____ X $30.00 = _____
Laundry tubs	No. _____ X $10.00 = _____	Water Service	No. _____ X $30.00 = _____
Sump pumps	No. _____ X $12.00 = _____	Other (List)_____	No. _____ X $10.00 = _____
Pressure reducing valves	No. _____ X $12.00 = _____	_____	No. _____ X $10.00 = _____
Sewer ejectors	No. _____ X $12.00 = _____		
Gas lines	No. _____ X $25.00 = _____	**Plumbing Inspector Re-inspection fees:**	1st - $25.00; 2nd - $50.00 3rd and over - $100.00
Grease traps	No. _____ X $15.00 = _____		
Back flow preventers	No. _____ X $15.00 = _____		
Baptisteries	No. _____ X $15.00 = _____	**Fire Inspector Re-inspection fees:**	1st - $50.00; 2nd and over - $100.00
Drinking fountains	No. _____ X $10.00 = _____		
FIRE REVIEW FEES:	Attach County Review Application	**Total all fixtures and appliances**	$

Company / Applicant Name:			**Owner Name:**		
Address:			Address:		
City:	State:	Zip	City:	State:	Zip
Tel #:			Tel #:		
Fax #:	Mobile #:		Fax #:	Mobile #:	
Email:			Email:		
State License #:	Business License #:		Signature of Homeowner: (sign only if work is being performed by homeowner)		
Signature of State Cardholder:					
Print Name:			Print Name:		

Revised 2015