



CITY OF WINDER

PLUMBING PERMIT APPLICATION

Home Owner: Name/Address _____

Project Location _____

Plumbing Contractor

Name _____

Address _____

Phone # _____

Contractor State License # _____ Exp. Date _____

Business License # _____ Exp. Date _____

City/County of Business _____

(Copy of state and local license required with application)

Residential _____ Commercial _____

New _____ Existing _____

NUMBER OF PLUMBING FIXTURES:

_____ Toilets	_____ Showers	_____ Dishwashers
_____ Hot Water Heaters	_____ Sinks	_____ Washing Machines
_____ Lavatories	_____ Bathtubs	_____ Grease Traps
_____ Drains	_____ Other _____	

I hereby make application for permit as above, and if it is granted, I agree to conform to all City of Winder zoning regulations and building code ordinances and in accordance with plans and specifications submitted. Any change in use may be in violation of zoning regulations and will void the permit. Any plumbing permit shall automatically expire six (6) months from the date of issuance if unsubstantial construction has occurred. Any person, firm or corporation violating any provision of this ordinance shall be guilty upon conviction of a misdemeanor and shall be punished for each offense according to law. Each offense shall constitute a separate offense for each day the violation shall continue. Application is hereby made according to the requirements of the zoning regulations of the City of Winder. The Health Department and other governmental units must be in conformity to the application approved by the City of Winder and on file in its office. This approval does not waive any subdivision restrictions that may apply.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of Applicant _____ Date _____