Plumbing Permit
City of Jesup

Permit Number: _____
Permit Fee: _____
Date Issued: _____

Property Location: _____

1) Owner Information:
   Name: _____ Date of Application: _____
   Mailing Address: _____
   City: _____ State: _____ ZIP: _____
   Phone: _____ Email: _____

2) Contractor Information:
   Name: _____ License Number: _____
   Mailing Address: _____
   City: _____ State: _____ ZIP: _____
   Phone: _____ Email: _____

3) Is this project new construction or a remodel? New Remodel

4) Will this project include any bathrooms? Yes No
   If Yes: How many bathrooms? _____
   How many total bath fixtures? _____

5) Will this project include any kitchens? Yes No
   If Yes: How many kitchens? _____
   How many total kitchen fixtures? _____

6) Will this project include any laundry rooms? Yes No
   If Yes: How many laundry rooms? _____
   How many total laundry fixtures? _____

7) Will this project include any other plumbing? Yes No
   If Yes: Please describe: _____
   _____
   _____

8) What is the total project cost for material and labor? _____

I hereby attest that the information on this application is true and accurate. I agree to comply with all city ordinances and state and federal laws regulating building construction. I assume responsibility for scheduling inspections with building official.

Contractor Signature: _____ Date: _____

Permit Approved by: _____ Date: _____

SUBMIT PRINT