TRADE PERMIT APPLICATION
ELECTRICAL, *PLUMBING, MECHANICAL/HVAC, & LOW VOLTAGE

1500 Morrow Rd. Morrow, GA 30260/Direct: 678.902.0870/Fax: 770.960.3002/email: MTracy@MorrowGA.gov

Application Date ____ / ____ / ____

PERMIT NO. _____

Type of Permit [CHECK ONE] ☐**Electrical** ☐***Plumbing** ☐ **Mechanical** ☐ **Low Voltage**

Type of Work:	☐ Residential ☐ Commercial ☐ Install ☐ Repair ☐ Replace	Estimated Value of Work (Labor and Materials): $_____

Scope of Work: _____

PROPERTY INFORMATION

Property Address:	Existing Building? ☐ Yes ☐ No

Owner Name: _____ Phone # _____

Street Address City State Zip Code

Email Address:

CONTRACTOR INFORMATION

Business Name:	GA State License Number:

Contact Name: _____ Phone #: _____

Street Address City State Zip Code

Email Address:

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 give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Print name of Contractor Signature of Contractor Date

Applicant MUST provide the following:

1) Driver's License, 2) State Certification Card, and 3) Business License (Occupation Tax License)
4) Homeowner's Affidavit (***If Homeowner will perform work***)

FOR OFFICE USE ONLY : ***(Processed and entered into the system)***

ZONING VERIFIED: _____ **ACCEPTED BY:** _____ **DATE RECEIVED:** _____

APPLICATION/PERMIT FEE: $80.00 **PAYMENT METHOD:** ☐ CHECK **CHECK #** _____ ☐ CREDIT/DEBIT CARD ☐ MONEY ORDER

APPROVED/DENIED BY: _____ **DATE:** _____

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THIS PAGE FOR PLUMBING PERMITS ONLY

Plumbing Permit Application (2 of 2)

Building Permit #: _____ **Local Business License #** _____

☐ **Residential**
☐ **Commercial**

Write in the number of fixtures to be installed, repaired or replace for residential or commercial use:

____ Water Heater	____ Drinking Fountain	____ Sewer line (_____ feet)
____ Water Closet	____ Washing Machine	____ Septic Tank
____ Sink/Basin	____ Laundry Tub/Slop Sink	____ Urinals
____ Bath Tub/Shower	____ Floor Drain/Roof Drain	____ Lavatory
____ Dishwasher	____ Disposal	____ Other _____
____ Grease Trap (size _____)	____ Oil Inceptor	____ Church Baptistry
____ Inside roof drains	____ Sewer Ejector	____ Gas Line ____ Water Line

***Processed Piping/Outside & Inside Sprinkler Systems require the following:**

Plans must be submitted in PDF format.
Review process is 10 business days minimum.
A Trade Permit Application & fee must be submitted.
With the application provide the Contractor's

- State Plumbing License
- GA Jurisdiction Business License
- Driver License