



### 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@CityofMorrow.com

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:**

- Three (3) sets of engineered, signed and stamped plans
- One (1) CD should be submitted with the [Building Permit Application](#) and appropriate fees
- Plan Review process is 2 weeks minimum
- A Trade Permit Application must be submitted; there is no fee at this time
- Provide a copy of the Contractor's:
  - State Plumbing License Card
  - Local Business License Card
  - Driver's License