

CITY OF ST. MARYS, GEORGIA

Plumbing Permit Packet

Community Development Department 418 Osborne Street - (912) 510-4032

Please take care to insure that the information for each checkbox below is sufficiently provided. The City of St. Marys does not accept incomplete applications.

| Completed Application |
|--|
| Copy of contractors license |
| Copy of business license (unless you are a local contractor) |
| Copy of occupational tax license or business license for any city of county within the State of Ga |
| Authorized Permit Agent from filled out if applicable |



CITY OF ST. MARYS

PLUMBING PERMIT APPLICATION

| PERMIT NUMBER | DATE APPLIED | | |
|--|--------------|-----------|--|
| PROJECT ADDRESS | | | |
| CONTRACTORS NAME | PHONE # | | |
| NAME OF BUSINESS | | | |
| ADDRESS | | | |
| CITY | STATE | ZIP | |
| STATE LICENSE NUMBER | EXPIRATION | | |
| COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER | | | |
| EXPIRATION DATE ON COUNTY/CITY LICENSE | | | |
| WRITE A DESCRIPTION OF THE WORK YOU ARE DOING: | | | |
| ACTUAL COST: | | | |
| FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MIN | | ADMIN FFF | |
| DRAWINGS ATTACHED:NOYES | • | | |
| Licenses signatures | Deter | | |



Property Owner's Authorization Letter

| I (we): | | | |
|---|--|------------------------------|-------------|
| Hereby Authorize: | | | |
| Representative of: | | | |
| To apply for, sign, and pick-up building permits for the f | ollowing propose | ed work: | |
| Job Location: | | | |
| As property owner(s), I (we) hereby grant permission to the aup the permit for the work as indicated above. All work performed and Zoning Codes and the Laws of the State of Georgare required to have a Georgia Professional Contractors Licer | ormed must meet gia, as applicable, | all provisions of The City o | f St. Marys |
| (Property Owner or Person with Power of Attorney Signature) | | (Date) | - |
| (Printed Name) | (Title) | | |