

CITY OF MORROW
 Department of Permits and Licenses
 1500 Morrow Road • Morrow Georgia 30260 • (770) 961-4002
Application for Plumbing

Building Permit # _____	Business License _____
Address of Job _____	Plumbing Permit # _____
Contract With _____	Date _____
Plumbing Contractor _____	Master's Name _____
Company's Address _____	
City _____ State _____ Zip _____	State Card # _____
Phone # _____	Class I () Class II ()

Minimum permit fee: \$80 - Permit must be obtained before job is started and all items permitted or fees shall be doubled.

RESIDENTIAL	No. of fixtures:	
Disposal	_____ x 12.50 =	_____
Replacement/Addition	_____ x 3.75 =	_____
	Total \$	_____

Complete this section showing number of fixtures to be installed for residential and/or commercial use.

_____ Water heater	_____ Dishwasher	_____ Floor drain / Roof drain
_____ Water closet / urinals	_____ Drinking fountain	_____ Disposal
_____ Sink / Basin	_____ Washing machine	_____ Sewer
_____ Bath tub / Shower	_____ Laundry tub / Slop sink	_____ Other

COMMERCIAL Each fixture unless otherwise noted 3.75
 List above and show number here _____ x 3.75 = _____

Sump pump, each 6.25	No. _____ x 6.25 = _____
Sewer ejector, each 31.25	No. _____ x 31.25 = _____
Oil inceptors, each 62.50	No. _____ x 62.50 = _____
Church baptistry, each 6.25	No. _____ x 6.25 = _____
Inside roof drains, each 3.75	No. _____ x 3.75 = _____
Grease trap, each 31.50 (size _____)	No. _____ x 31.50 = _____
Water Heater - first 50,000 BTU 3.75	No. _____ x 3.75 = _____
Each additional 50,000 BTU 12.50	No. _____ x 12.50 = _____

Sewer line - .125/liner feet	No. ft _____ x .125 = _____
Water line - .125/liner feet	No. ft _____ x .125 = _____
Gas line - .125/liner feet	No. ft _____ x .125 = _____

Processed piping/outside sprinkler/inside sprinkler		Total:
First 1,000 ft., .12/linear feet (\$120.00)	No. ft _____ x .12	_____
Next 4,000 ft., .06/linear feet (\$240.00)	No. ft _____ x .06	_____
Next 5,000 ft., .05/linear feet (\$250.00)	No. ft _____ x .05	_____
Over 10,000 ft., Maximum Fee (\$625.00)	No. ft _____	_____

Issued by _____
 Date: _____

Total Fee \$ _____