



Madison County
Building Inspections Department

Phone # (706) 795-6350
Fax # (706) 795-5176
Plumbing Application

Name: _____ Date: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Cell #: _____

Other Dwellings on Property: _____ Septic System (New or Existing) _____
Type of Construction: _____
Address of Construction: _____
Occupied by Owner, Renter or Spec. House: _____

Plumbing Fixtures:
Number of Toilets: _____ Number of Urinals: _____
Number of Lavatories: _____ Number of Bath Tubs: _____
Number of Showers: _____ Number of Sinks: _____
Number of Dishwashers: _____ Number of Garbage Disposals: _____
Number of Washing Machines: _____ Other: _____
Total Number of Fixtures: _____
Plumber: _____
Note: Contractor must be registered in county and present affidavit

By signing this I am stating that all information provided is accurate to the best of my knowledge. I understand that this is only an application for a permit. I am aware that I must meet all requirements for obtaining a permit before I will be issued a permit. I know that this application will be reviewed by the Building Inspection Department and if approved I will pay my permit fee and then be issued a permit.

Applicant Signature

Date