

PLUMBING PERMIT APPLICATION JURISDICTION OF THE CITY OF THOMASVILLE, ALABAMA

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| Application No.: | Application Date: |
| Job Address: | |
| <u>Owner Information</u> Name: | Telephone No.: |
| Mailing Address: | |
| Attach verification of property ownership: i.e. deed, tax record, etc.: | |
| Homeowner installation? Yes/No. If yes, attach Homeowner affidavit.: | |
| Plumbing Contractor: | Telephone No.: |
| Name: | Business: |
| Mailing Address: | |
| Contractors Alabama Certification Number (if applicable): | |
| City of Thomasville Business License Number: Commercial Contractors/Artisans: | |
| Use/Occupancy of Property/Building: | |
| Type of Structure: New/Existing/Identify/Classify Historic Building: | |
| Class of Work: New/Repair/Service Repair: | |
| Description/Scope of Work: | |
| Plans/Drawings Delivered: Yes/No. If no, explanation: | |
| Valuation of Work (Materials and Labor): \$ | |
| This permit shall become invalid unless the work authorized by this permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. | |
| CICT Fee: \$1 Per \$1000: | Permit Fee: CICT Fee: Total: Receipt # |

Signature for the City of Thomasville

Signature of Owner/Applicant

Date

Date

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

Approved by for the City of Thomasville: _____

Date: _____