



CITY OF PINE LAKE
425 ALLGOOD ROAD
STONE MOUNTAIN, GA 30083
404-999-4931 www.pinelakega.net

PLUMBING PERMIT APPLICATION
ALL PERMITS MUST BE POSTED AT THE JOB ADDRESS

PLUMBING PERMIT # _____

INSPECTION LINE: 770-817-0696

All requests must be in by 4:00 p.m. for a next day inspection

DATE ISSUED _____

ISSUED BY _____

REQUIRED ATTACHMENTS:

- STATE CARD BUSINESS LICENSE DRIVERS LICENSE
HOMEOWNERS AFFIDAVIT PERMIT AGENT FORM

BLDG PERMIT # _____

PROJECT COST _____

PAYMENT METHOD Check# _____ Cash Card

Check Applicable Type:

- RESIDENTIAL (Single Family) RESIDENTIAL (Multi-Family) COMMERCIAL
Includes Townhomes & Condominiums Includes Apartments, Duplexes & Triplexes

Check Applicable PLUMBING Information:

- NEW BUILDING ADDITION TO BUILDING EXPANSION TO EXISTING SYSTEM REPLACEMENT
FIRE DAMAGE GAS LINE PRESSURE TEST (Maximum 10 lbs of pressure must be applied for test)

JOB ADDRESS _____

UNIT OR SUITE # _____ APT # _____ BLDG # _____ FLOOR # _____

CITY _____ STATE _____ ZIP _____ PARCEL # _____

PLUMBING, GENERAL CONTRACTOR OR PERMIT AGENT _____ (PRINT NAME)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____

MOBILE _____ TELE _____ FAX _____

PLUMBING OR GENERAL CONTRACTOR SIGNATURE DATE
(MUST BE THE STATE CARD HOLDER)

PERMIT AGENT SIGNATURE DATE
(AUTHORIZED PERMIT AGENT FORM MUST BE ATTACHED)

PROPERTY OWNER _____ Co-Owner _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL: _____ CELL _____ PHONE _____

PROPERTY OWNER (s) SIGNATURE: _____ DATE: _____
(ONLY REQUIRED IF THE WORK IS BEING PERFORMED BY THE HOMEOWNER -AFFIDAVIT MUST BE ATTACHED- SEE PAGE 2)

TENANT NAME (IF APPLICABLE) _____ TELEPHONE # _____

DESCRIPTION OF WORK TO BE PERFORMED: _____