

Permit is VOID after 6 months unless work has started and an approved inspection was completed

Permit # \_\_\_\_ - \_\_\_\_  
Date \_\_\_\_\_



**TOWN OF THUNDERBOLT  
APPLICATION FOR PLUMBING PERMIT  
(912) 354-5533 FAX (912) 354-2038**

**INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA.**  
**CASH PAYMENTS CANNOT BE ACCEPTED**

(Note: Application must be completed **in ink or typed**; an incomplete application may delay approval process)

**I. PROJECT ADDRESS:** \_\_\_\_\_ **PIN #** \_\_\_\_\_

**PROJECT/BUSINESS NAME:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **OWNER ADDRESS:** \_\_\_\_\_

**OWNER CITY/STATE/ZIP:** \_\_\_\_\_ **OWNER TEL. NO.:** \_\_\_\_\_

**OWNER EMAIL ADDRESS:** \_\_\_\_\_

**COMPLETE DESCRIPTION OF PLUMBING WORK (INCLUDE ALL FIXTURES TO BE INSTALLED, REMOVED AND ETC):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT/OVERHEAD):** \$ \_\_\_\_\_

**CLASS OF WORK:**    **NEW**                       **RENOVATION/ REPAIR**                       **OTHER** \_\_\_\_\_

**PROPOSED USE FOR THIS PERMIT:** (If more than one option, check all appropriate)

- |                           |                              |                      |
|---------------------------|------------------------------|----------------------|
| _____ 1 FAMILY            | _____ ASSEMBLY/CHURCH        | _____ STORAGE        |
| _____ 2 FAMILY            | _____ AMUSEMENT/RECREATIONAL | _____ ANTENNA/TOWER  |
| _____ MULTI-FAMILY        | _____ BARBER SHOP/SALON      | _____ GARAGE/CARPORT |
| _____ OFFICE/PROFESSIONAL | _____ EDUCATIONAL            |                      |
| _____ INDUSTRIAL          | _____ OTHER _____            |                      |

**WHO WILL BE RESPONSIBLE FOR THIS WORK?**    **OWNER**    **CONTRACTOR**

**(MUST INCLUDE OWNER AFFIDAVIT OR CONTRACTOR LICENSE)**

(Note: Owner may only be responsible for work on a single family residence owned and occupied by the applicant)

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TEL. NO.:** \_\_\_\_\_ **FAX NO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**\*\*\*MUST INCLUDE A COPY OF THE CONTRACTOR'S STATE LICENSE AND BUSINESS LICENSE\*\*\***

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**II. FLOOD INFORMATION**

- 1. The property is in Flood Zone: X \_\_\_\_\_ A \_\_\_\_\_ AE \_\_\_\_\_ VE \_\_\_\_\_ LOMA \_\_\_\_\_
- 2. The property FIRM Map Number is: **13051C- -F**, revision date is: 9/26/2008.
- 3. The Finished Floor Elevation of the structure's lowest floor: \_\_\_\_\_
- 4. The elevation of the structure's lowest horizontal structural member: \_\_\_\_\_

**III.** I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance. I further hereby accept responsibility for obtaining all required intermediate inspections and requesting final inspection upon completion of construction.

The signer of this document has verified access to town water and sewer services for this property. Any necessary connection and requirements for service has been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review.

<b>Printed Name of Applicant</b> (Not Company Name)	<b>Signature of Applicant</b>	<b>Date</b>
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**PLAN APPROVAL:**

**Building Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Call 614-206-6182 for all inspections.**

**Minimum 24 hour notice required.**