

CITY OF VIDALIA PLUMBING PERMIT APPLICATION

Permit Number: _____

PROPERTY OWNER

PROJECT LOCATION: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

PLUMBING CONTRACTOR

COMPANY NAME: _____

MAILING ADDRESS: _____

CONTRACTOR: COMPANY PHONE

#: _____ CONTRACTOR CELL: _____

EMAIL ADDRESS: _____

STATE LICENSE #: _____

CLASSIFICATION OF WORK New Construction or Repair

BRIEF DESCRIPTION OF WORK

SIGNATURE: _____ DATE: _____

FEE: \$50.00

(For Office Use)

Code Enforcement Signature: _____ Date: _____

Fees Collected _____ Cash: _____ Check #: _____

NOTES:
