

TOWN OF TURIN BUILDING DEPARTMENT
47 TURIN ROAD
P.O. BOX 86
TURIN, GEORGIA 30289
770-599-0777

ELECTRICAL, MECHANICAL, & PLUMBING PERMIT APPLICATION

Date: _____

TYPE OF PERMIT REQUESTED: (check one)

_____ ELECTRICAL _____ PLUMBING _____ MECHANICAL

TYPE OF CONSTRUCTION: SDF Multi Fam. Commercial Industrial

PERMIT # OF JOB: _____

Type of Permit: Regular Temporary Annual

JOB SITE LOCATION: _____

PROPERTY OWNER: _____

DESCRIPTION OF JOB or INSTALLATION TO BE PERFORMED: _____

Construction: New Alteration

Service Size: AMPS _____ Volts _____ Phase _____ Wires _____

Lights Receptacles Switches Electrical Panels Fans Thermostat

Space Heaters Alarms Ranges Dishwashers Furnace Dryers

Disposal Units Hot Water Heaters Electrical Motors

ESTIMATED COST OF JOB TO BE PERFORMED: _____

YOUR COMPANY NAME: _____

YOUR COMPANY ADDRESS: _____

YOUR COMPANY BUSINESS PHONE # _____

Return this completed form, a copy of your state license, a copy of your business tax and occupation certificate,

As a condition of being granted the permit applied for, I agree to indemnify and keep harmless the Town of Turin against all claims, liabilities, judgments, costs and expenses of any kind whatsoever, which may accrue against the Town in consequence of, and incidental of the granting of this Permit. I further agree to conform to all requirements of the Building Codes and all other ordinances in the Town of Turin. I understand that upon issuance of this permit, work must commence within 6 months, be continued on an ongoing basis and completed within 2 years of the permit date.

Sworn to and subscribed before me this

Print Name of State Cardholder

_____ day of _____, 201__

Signature of State Cardholder

Notary Public, State of Georgia
