

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

\_\_\_\_\_