



LICENSING & PERMITTING DIVISION
1117 WEST AVENUE, CONYERS, GA 30012
(770) 278-7100
PLUMBING PERMIT APPLICATION

Plumbing Permit Fee: \$150 + \$10 per fixture

Date: _____

PROPERTY INFORMATION:

Address of Project:	
Lot Number:	Subdivision Name:

PROPERTY OWNER INFORMATION:

Name of Property Owner:	
Current Address:	
Phone:	Email:

CONTRACTOR INFORMATION:

Name of Company:	
Name of Main Contact:	
Address:	
Phone:	Email:

WORK PERFORMED:

☐ New Service ☐ Replacement

☐ # Water Heaters: _____	☐ Gas	☐ Electric	# of Fixtures: _____
☐ Water Lines			
☐ Gas Lines Gas Line Provider ☐ Atlanta Gas ☐ Walton EMC			

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

Department of Planning and Development Contact Information:

In-Person: 1117 West Avenue, Conyers, GA 30012 ◦ Monday – Friday, 8:00 a.m. to 5:00 p.m.	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770.278.7100
Email: inspections@rockdalecountyga.gov	Fax: 770.278.8940

O.C.G.A. 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

☐ I am a United States citizen.

☐ I am a legal permanent resident of the United States.

☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

**** Wait to be in front of the notary before signing ****

_____, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this _____ day of _____, 20_____

Notary Public signature

Applicant signature

GA Registration No. and expiration date

Seal: