

**CITY OF NORTH AUGUSTA
APPLICATION FOR PLUMBING INSPECTION**

Date _____

Contractor: _____

Contractor's Phone # _____

Property Owner: _____

Address: _____

Subdivision _____ Lot _____ Block _____

New Commercial	<input type="checkbox"/>
Existing Commercial	<input type="checkbox"/> Contact amount of Job \$ _____
New Residential	<input type="checkbox"/>
Existing Residential	<input type="checkbox"/> Contact amount of Job \$ _____
Lawn Sprinkler System	<input type="checkbox"/>

Contractor's Signature _____

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Permit # _____ Fee _____