



CITY OF AMERICUS PERMIT APPLICATION

101 W. Lamar St., Room #201 Americus, GA 31709
Phone (229) 924-4411 Fax (229) 928-0430 www.cityofamericus.net

Plumbing & Gas Permit

Project Address: _____ Parcel Number: _____

Property Owner: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business License Number: _____ State License Number: _____

Home/Business Phone Number: _____ Email: _____

Cell Number: _____ Fax Number: _____ Cost: _____

Permit Type: ☐ Commercial ☐ Residential

Please Describe Work to be Completed:

Total Plumbing Fixtures	Total Plumbing Drains	Total Gas Appliances

Applicant's Signature: _____ Date: _____

Printed Name of Applicant: _____

TO BE COMPLETED BY BUILDING RISK MANAGEMENT STAFF

Building Permit Fee Due \$ _____ PERMIT NUMBER: _____

Approved By: _____ Date: _____