

**CENTERVILLE PERMIT APPLICATION**

City of Centerville
300 E Church Street
Centerville, GA 31028
Phone: (478) 953-4734 Fax: (478) 953-4797

Location/Address of Construction: _____**Property Owner:** _____**Phone Number:** _____**Type of Construction:** _____ **RESIDENTIAL** _____ **COMMERCIAL****Description of Work:** _____
_____**Total Cost of Job:** _____ **Total Sq. FT. (Under Roof):** _____ **No. of Taps:** _____**Number of Fixtures/Drains:** _____ **Total Number of Amps:** _____ **Total Tons:** _____**Contractor:** _____**State License #:** _____ **Exp. Date:** _____**Address:** _____**Phone:** _____ **Email:** _____**Plumber:** _____**State License#:** _____ **Exp. Date:** _____**Address:** _____**Electrician:** _____**State License#:** _____ **Exp. Date:** _____**Address:** _____**HVAC:** _____**State License#:** _____ **Exp. Date:** _____**Address:** _____**Sign:** _____**Email:** _____

** All applications need to be submitted to the City Clerk's Office located at 300 E Church Street, Centerville, GA **

www.centervillega.org