



BUILDING PERMIT APPLICATION

Notice: Applications that are not completely filled out may delay permitting and approval. Effective January 1, 2019, no "same day" general permits will be issued.

OWNER & SITE INFORMATION

Name: _____ Date: _____

Cell Number: _____

Email Address: _____

Tax Map & Parcel ID Number: _____

Project Physical Address: _____

APPLICANT CONTACT INFORMATION

(If different than owner)

Business Name: _____

Primary Contact: _____

Cell Number: _____

Email Address: _____

Type of Permit Requested:

- General Building Electrical Cell Tower/Solar Renovation
- Mechanical Demolition Addition/Alteration Plumbing
- Other

Complete Description or Scope of Work: _____

NEW HOUSE INFORMATION

- Slab Crawl Space

Conditioned Area (First Floor): _____ square feet

Conditioned Area (Second Floor): _____ square feet

Total Conditioned Area: _____ square feet

Under Roof Area: _____ square feet

Ceiling Heights (First Floor): _____ feet Ceiling Heights (Second Floor): _____ feet

Exterior Siding: _____ Roof Covering: _____

CONTRACTOR/SUBCONTRACTOR INFORMATION

Please list contractor information for any trade work not performed by the owner.

CONTRACTOR

Name: _____ Phone: _____

GA License Number: _____ Signature : _____

ELECTRICIAN

Name: _____ Phone: _____

GA License Number: _____ Signature : _____

PLUMBER

Name: _____ Phone: _____

GA License Number: _____ Signature : _____

MECHANICAL

Name: _____ Phone: _____

GA License Number: _____ Signature : _____

ENGINEER/DESIGN PROFESSIONAL

Name: _____ Phone: _____

GA License Number: _____ Signature : _____

MISCELLANEOUS REQUIREMENTS

Please submit with your application the following construction documents:

1. Copy of Plan
2. Recorded Plat
3. Septic Permit
4. Copy of Current Tax Receipt