



BUILDING PERMIT APPLICATION	Permit No.

Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replace	Application Date ____/____/____	Estimated Value of Work (Labor and Materials): \$ _____
Estimated Value: Plumbing _____ Electrical _____ Mechanical _____			
Construction Type: IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/>			
Occupancy: A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4 <input type="checkbox"/> M <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> U <input type="checkbox"/>			
Square foot of permitted area: _____			
Applicant Name: _____		Phone: _____	Email: _____

PROJECT INFORMATION

Job Site Address: _____	Subdivision: _____ Lot Number: _____
Property Owner Information: _____	
Name	Phone #
Address	City
	State
	Zip Code
Scope of Work: _____	
Scope of work includes: Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/>	

CONTRACTOR INFORMATION

Business Name: _____	State Certification Number: _____
Street Address	City
	State
	Zip Code
	Phone
Occupational Tax Number: _____	City/County held: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor & (State Certification number) Date

Print name of Contractor email address

FOR OFFICE USE ONLY		Application Accepted by: _____	
Adjusted Construction Cost per ICC building valuation Data		\$ _____	
Water/Sewer Tap Fee: \$ _____	Permit Fee: \$ _____	Plan Review Fee: \$ _____	
Plumbing Permit Fee \$ _____	Electrical Permit Fee \$ _____	Mechanical Permit Fee \$ _____	
CO Fee \$ _____		TOTAL FEE: \$ _____	

HOMESOWNER AFFIDAVIT

This form must be completed, signed, notarized, and/or submitted to the Building Department prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision _____ Lot _____ Address _____

Builder _____

THIS IS TO CERIFY THAT I HOLD THE STATE LICENSE CHECKED BELOW AND AM USING FOR THE THIS JOB:

PLUMBING _____ ELECTRICAL _____ MECHANICAL _____

COMPANY NAME _____ PHONE # _____

COMPANY ADDRESS _____

STATE LICENSE # _____ BUS.TAX/OCCUPATION CTF. _____

IN THE EVENT OF ANY CHANGES IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

PRINT NAME _____ SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISION EXPIRES _____

SUBCONTRACTOR AFFIDAVIT

This form must be completed, signed, notarized, and submitted to the Building department prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision _____ Lot _____ Address _____

Builder _____

THIS IS TO CERIFY THAT I HOLD THE STATE LICENSE CHECKED BELOW AND AM USING FOR THE THIS JOB:

PLUMBING _____ ELECTRICAL _____ MECHANICAL _____

COMPANY NAME _____ PHONE # _____

COMPANY ADDRESS _____

STATE LICENSE # _____ BUS.TAX/OCCUPATION CTF. _____

IN THE EVENT OF ANY CHANGES IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

PRINT NAME _____ SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20____

NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISION EXPIRES _____

Building Permit Application

Scope of Work

NAME _____

ADDRESS _____ DATE _____

Check all that apply

Rooms work is to take place in:

Basement Kitchen M. Bath Living Room M. Bed room BD Room 1
 Bd. Rm. 2 Bd. Rm. 3 Bd. Rm. 4 Exterior Other _____

Electric and Mechanical:

New or upgrade of electric service Adding or replacing electric circuit(s)
 Installing smoke detectors Adding or relocating receptacles or switches
 Installing new furnace Installing new AC condenser
 Installing new fireplace or heating service New chimney or vent
 Installing bedroom exhaust fan Installing or replacing range hood
 Other _____

Framing:

New deck, porch, or stairs Replacing deck, stairs, or railing
 Addition New attached garage or carport
 Detached garage, carport, or storage build New pool, spa or hot tub
 Altering or relocating existing window or door openings to accommodate new window or door
 Installing or relocating non-load bearing walls Installing or relocating load bearing walls or beam
 Replacing or repairing damaged:
 floor joint stud beam header ceiling joist rafters or trusses sheathing
 Installing new drywall
 Other _____

Plumbing:

Installing or replacing water heater Replacing existing water or DWV piping
 Installing new water or DWV piping Installing or replacing gas pipes
 Installing or replacing backflow device Installing new plumbing fixtures
 Relocating existing plumbing fixture(s) Installing new sump pump
 Other _____

Additional Information:

BUILDING PERMIT INFORMATION

REQUIRED PLANS

Residential- Please submit two (2) complete set of the following:

Commercial- Please submit three (3) complete sets of the following: Note: Commercial plans may be required to be signed and sealed by a State of Georgia Registered Architect and or a Registered Engineer. Commercial plans will also require plumbing, electrical, mechanical, and structural plans.

Site Plans- An outline of your property showing all property lines with dimensions. Also provide building location on property with dimensions of building footprint and dimensions from building to property line.

Footing and Foundation Plan- Show footing and foundation of building and also beam and pier location, size, and spacing.

Floor Plan- Label all rooms and include dimensions. Also show window locations and kitchen & bath layout.

Framing Plan- Show framing member layout, size, and spacing, bearing points and girder size and span.

Wall Section- Show typical section from footing through roof and label all materials used and spacing.

Elevation- Show at least a front and right side view of home.

Deck Framing Plan- Complete Figure 7 of the Georgia Prescriptive Deck Detail.

****Office Use Only****

Zoning Information:

Zoning ___ Front setback ___ Side setback ___ Rear setback ___

**** Office Use Only****

Plan Review Information:

Use Group _____ Type pf Construction _____ Est Cost _____

Building/Dwelling sq. ft. _____

Reviewed By _____ Approval Date _____

Permit Fee \$ _____

Plan Review Fee \$ _____

Total fees \$ _____



O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for **Circle One [Occupation Tax Certificate, Regulatory Permit, Alcohol License, Taxi Permit]**, or other public benefit as referenced in O.C.G.A § 50-36-1, from the City of Grantville, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen. *(Include front & back of driver's license)*
- 2) _____ I am a legal permanent resident of the United States. *(Include front & back of permanent resident card)*
- 3) _____ 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. *(Include front & back copy of resident card)*

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

The undersigned applicant also hereby verified 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 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 make 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 criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THE THE
____ DAY OF _____, 20____

Printed Name of Applicant

NOTARY PUBLIC
My Commission Expires: