



TRADE 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): \$ _____
Electrical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>
Mechanical <input type="checkbox"/>			
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"/>			

PROJECT INFORMATION

Job Site Address:	Subdivision: _____ Lot Number: _____
Property Owner Information: _____ Name _____ Phone # _____	
Address _____	City _____ State _____ Zip Code _____
Scope of Work: _____ _____	

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

Sworn to and subscribed before me this ____ day of _____

Notary Public _____

(seal)

FOR OFFICE USE ONLY	Application Accepted by:	Permit Fee: \$
		TOTAL FEE: \$

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. _____

Previewed By _____ Approval Date _____

Permit Fee \$ _____

Plan Review Fee \$ _____

Total fees \$ _____

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:

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 _____



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

Printed Name of Applicant

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

NOTARY PUBLIC
My Commission Expires: