

BUILDING PERMIT

City of Clarkesville, Georgia

Permit No. B17-

1

JOB ADDRESS
OWNER

Applicant to complete numbered spaces only.

JOB ADDRESS			
LEGAL 1 DESCR.	LOT NO.	BLK	MAP & PARCEL NO.
OWNER 2		MAIL ADDRESS	ZIP PHONE
CONTRACTOR 3		MAIL ADDRESS	REGISTRATION NO./EXP. DATE
PHONE NUMBERS 4		OFFICE	CELL
ARCHITECT OR DESIGNER 5		MAIL ADDRESS	PHONE REGISTRATION NO.
ENGINEER 6		MAIL ADDRESS	PHONE
USE OF BUILDING 7			
8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
9 Describe work:			

10 Valuation of work: \$	DATE PD: PLAN CHECK FEE \$	PERMIT FEES					
SPECIAL CONDITIONS:	Type of Const.	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load				
	OFFSTREET PARKING SPACES:						
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY	No. of Dwelling Units				
			Covered				
			Uncovered				
<p style="text-align:center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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.</p>				Special Approvals	Required	Received	Not Received
				ZONING			
				HEALTH DEPT.			
				FIRE DEPT.			
				SOIL REPORT			
				OTHER (Specify)			
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT			(DATE)				
SIGNATURE OF OWNER (IF OWNER BUILDER)			(DATE)				

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

Office Use only: Please print 4 copies. Original (Construction Book) | 2 - City Clerk | 1 - Inspector | 1 - Applicant