

# PLAN REVIEW

1

City of Clarkesville, Georgia

Permit No. PR19-

Applicant to complete numbered spaces only.

JOB ADDRESS  
OWNER

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:	PERMIT FEES		
SPECIAL CONDITIONS:		PLAN CHECK FEE \$			
		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	
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY			
		No. of Dwelling Units	OFFSTREET PARKING SPACES:		
		Covered	Uncovered		
<p align="center"><b>NOTICE</b></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 3 copies. Original (Construction Book) | 1 - Inspector | 1 - Applicant