



**Building Permit #** \_\_\_\_\_

**Residential Building Permit Application**

**Section 1: Construction Site**

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zoning: \_\_\_\_\_

**Section 2: Contractor**

Owner/Applicant : \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor (Company Name): \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Section 3: Subcontractor**

Name of License Holder (Electrical): \_\_\_\_\_

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of License Holder (HVAC/Mechanical): \_\_\_\_\_

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of License Holder (Plumbing): \_\_\_\_\_

State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Section 4: Scope of Work**

Describe scope of work: \_\_\_\_\_

Value of Construction cost: \$ \_\_\_\_\_ Total Heated Floor Area: \_\_\_\_\_

Total Unheated Floor Area: \_\_\_\_\_ Total Floor Area: \_\_\_\_\_ Power Company: \_\_\_\_\_

**Section 5: Applicant Certification**

1. Building, Electrical, Plumbing and Mechanical Contractors must be licensed by the State of Georgia and are required to obtain their own permits.
2. The contractor is responsible for all work to be in compliance with the state codes and ordinances, whether or not any deficiency is found by the inspection department.
3. All inspections require 24-hour notice. DO NOT call the inspector to schedule an inspection. You MUST call the office at 706-275-7474 to request an inspection.
4. REINSPECTION FEES ARE \$35.00

I hereby authorize officials of Whitfield County to enter premises for inspections. The granting of a permit does not give authority to violate laws or codes governing construction performance. I certify that all information contained herein is correct and true.

\_\_\_\_\_  
Contractor or Authorized Agent

\_\_\_\_\_  
Date