

Building Permit Application

Phone: 706-275-7474 Fax: 706-275-7443

Sewer	Sewer			te:	Pe	rmit #:		
Residential Commercial Accessory			Pa	Parcel #:				
			Zo	Zoning: Flo		ood Zone:		
Site Address:								
Lot #: Subdivision/Pro			n/Proje	ct:		Power Company:		
Owner/Applicant:				Phone			umber:	
Contractor:				State License #:		Phone Number:		
Contractor Mailing Address:				Contractor Email:				
Description of work:								
Cost of Construction:	Heated Sq. Feet:		Unheated Sq. Feet:		Total Sq. Footage:		Basement:	
Garage:	Other: # of		# of Sto	ories:	# of Bedrooms:		# of Bathrooms:	
Electric (Company): Plumb		bing (Company):		HVAC (Company):		Ga	Gas (Company):	
License #: Licen		nse #:		License #:		License #:		
# of Amps: # of		Fixtures:		# of Tons:				
Signature: Signa		nature:		Signature:		Signature:		
REINS	PECTION	FEE OF \$3	5 REQ	UIRED AFTER	R 2 ND FAIL	ED INSP	ECTION	
NOTICE: • All contractors and sub-contractors must be licensed by the state of Georgia and must provide appropriate				premises for	I hereby authorize officials of Whitfield County to enter any premises for which this permit is issued. I hereby acknowledge that the granting of a permit does not give authority to			

- documentation in accordance with current state licensure procedures.
- The contractor is responsible for all work to be in compliance with current state codes and ordinances, whether or not any deficiency is found or known by the building inspection department.
- All inspections require 24-hour notice. NO inspections will be scheduled through inspectors. Please call the inspection office to schedule each inspection.

violate any laws or codes governing construction performance. I certify that all information contained herein is correct and true to the best of my knowledge.

PLEASE SIGN & DATE:

Owner/Contractor/Authorized Agent

Date