



Instructions for submitting building permits online:

This application includes fillable form fields for your convenience prior to printing.

Applicant to complete number spaces only.

The application will not be accepted unless either of the signature fields are complete and permit fees included.

The application can be mailed to:

City of Clarkesville
PO Box 21
Clarkesville GA 30523

Or dropped off at:

City of Clarkesville
123 N Laurel Drive
Clarkesville GA 30523

DEMOLITION PERMIT

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City of Clarkesville, Georgia

Applicant to complete numbered spaces only.

Permit No. D24-

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 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 - Inspector | 2 - City Clerk | 1 - Construction Book | 1 - Applicant