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

1

City of Clarkesville, Georgia

Applicant to complete numbered spaces only.

Permit No. D25-

OWNER | JOB ADDRESS

JOB ADDRESS

1 LEGAL DESCR. | LOT NO. | BLK | MAP & PARCEL NO.

2 OWNER | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR | MAIL ADDRESS | REGISTRATION NO./EXP. DATE

4 PHONE NUMBERS | OFFICE | CELL

5 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | REGISTRATION NO.

6 ENGINEER | MAIL ADDRESS | PHONE

7 USE OF BUILDING

8 **Class of work:** ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR ☐ MOVE ☐ REMOVE

9 **Describe work:**

10 **Valuation of work: $**

DATE PD:
PLAN CHECK FEE $

PERMIT FEE$

SPECIAL CONDITIONS:

Type of Const.	Use Zone	Fire Sprinklers Required ☐Yes ☐No
Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
No. of Dwelling Units	OFFSTREET PARKING SPACES: Covered	Uncovered

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

NOTICE

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.

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.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Special Approvals	Required	Received	Not Received
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
OTHER (Specify)			

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