

## 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

## **BUILDING PERMIT**

City of Clarkesville, Georgia

| Applicant to complete numbered spaces only.              |                       |          |                                  | Permit No. B24-               |                 |             |                   |                                   |              |  |
|--|-----------------------|----------|----------------------------------|-------------------------------|-----------------|-------------|-------------------|-----------------------------------|--------------|--|
| JOB ADDRESS  |                       |          |                                  |                               |                 |             |                   |                                   |              |  |
| LEGAL LOT NO.<br>1 DESCR.                                | BLK                   |          | MAP & PARCEL NO.                 |                               |                 |             |                   |                                   |              |  |
| OWNER MAIL ADDRESS 2                                     |                       |          | ZIP PHONE                        |                               |                 | PHONE       |                   |                                   |              |  |
| CONTRACTOR MAIL ADDRESS                                  |                       |          |                                  | , REGISTRATION NO./EXP. DATE  |                 |             |                   |                                   | P. DATE      |  |
| PHONE NUMBERS O  |                       |          | E                                | CELL                          |                 |             | 6                 |                                   |              |  |
| ARCHITECT OR DESIGNER 5                                  |                       |          | ADDRESS                          | PHONE                         |                 |             | REGISTRATION NO.  |                                   |              |  |
| engineer mail address  6                                 |                       |          | ADDRESS                          | PHONE .                       |                 |             |                   |                                   |              |  |
| 7  |                       |          | 488 Feb. (1794 1994)             |                               |                 |             |                   |                                   |              |  |
| 8 Class of work:   | NEW ADDITIO           | N _      | ALTERATION                       | REPAIR                        | MO <sup>v</sup> | /E RI       | EMOVE             |                                   |              |  |
| 9 Describe work:   |                       |          |                                  |                               |                 |             |                   |                                   |              |  |
|  |                       |          |                                  |                               |                 |             |                   |                                   |              |  |
|  |                       |          |                                  |                               |                 |             |                   |                                   |              |  |
| Enclosed S.F.  | Une                   | enclose  | ed S.F.                          |                               |                 |             |                   |                                   |              |  |
| 10 Valuation of work: \$                                 |                       |          |                                  | DATE PD: PLAN CHECK FEE \$ PE |                 |             | PERMIT FE         | PERMIT FEE\$                      |              |  |
| SPECIAL CONDITIONS:                                      |                       |          |                                  | Type of<br>Const.             |                 | Use<br>Zone |                   | Fire Sprinklers  Required  Yes  N |              |  |
|  |                       |          | Size of Bldg.<br>(Total) Sq. Ft. |                               | 1               |             | Max.<br>Occ.      | Load                              |              |  |
| APPLICATION ACCEPTED BY                                  | PLANS CHECKED BY      | APPROV   | ED FOR ISSUANCE BY               | 0                             |                 | OFFSTRE     | OFFSTREET PARKING |                                   | SPACES:      |  |
|  |                       |          |                                  | No. of<br>Dwelling Unit       | ts              | Covered     |                   | Uncovered                         |              |  |
|  | NOTICE                |          |                                  | Special Appro                 | vals            | Required    | Receive           | ed                                | Not Received |  |
| SEPARATE PERMI   |                       |          |                                  | ZONING                        |                 |             |                   |                                   |              |  |
| PLUMBING, HEATING<br>THIS PERMIT BECO                    | MES NULL AND VO       | D IF WO  | ORK OR CON-                      | HEALTH DEPT                   | -               |             |                   | -                                 |              |  |
| STRUCTION AUTHO  | DRIZED IS NOT COI     | MMENC    | ED WITHIN 6                      | FIRE DEPT.                    |                 |             |                   |                                   |              |  |
| MONTHS, OR IF CON ABANDONED FOR                          | A PERIOD OF 6 MC      | NTHS A   | AT ANY TIME                      | SOIL REPORT                   |                 |             |                   |                                   |              |  |
| AFTER WORK IS CO   | MMENCED.              |          |                                  | OTHER (Speci                  | ту)             |             |                   |                                   |              |  |
| I HEREBY CERTIFY APPLICATION AND KI                      | NOW THE SAME TO BE    | E TRUE A | AND CORRECT.                     |                               |                 |             |                   |                                   |              |  |
| ALL PROVISIONS OF<br>TYPE OF WORK WIL                    | I BE COMPLIED WITH    | 1 WHETH  | ER SPECIFIED                     |                               |                 |             |                   |                                   |              |  |
| HEREIN OR NOT. T<br>PRESUME TO GIVE<br>PROVISIONS OF ANY | AUTHORITY TO VIOL     | ATE OR   | CANCEL THE                       |                               |                 |             | <del> </del>      |                                   |              |  |
| CONSTRUCTION OR  | THE PERFORMANCE       | OF CO    | NSTRUCTION.                      |                               |                 |             | 1                 |                                   |              |  |
|  |                       |          |                                  |                               |                 |             |                   |                                   |              |  |
| SIGNATURE OF CONTRACTO                                   | R OR AUTHORIZED AGENT |          | (DATE)                           |                               |                 |             |                   |                                   |              |  |
|  |                       |          |                                  |                               |                 |             |                   |                                   |              |  |
| SIGNATURE OF OWNER (IF                                   | OWNER BUILDER)        |          | (DATE)                           |                               |                 |             |                   |                                   |              |  |
|  | WHEN DO               | OBEDIV   | VALIDATED (IN                    | THIS SDACE) TI                | HIC IC VO       | IID DEDMIT  |                   |                                   |              |  |