

# PERMIT APPLICATION

Jurisdiction of Jefferson County

COUNTY BUILDING INSPECTOR  
(478) 625-4032 • FAX (478) 625-6597

**PERMIT APPLICATION FEE IS NOT REFUNDABLE**

**PERMITS ARE VALID PENDING PLANNING AND ZONING APPROVAL**

<b>1</b>	JOB ADDRESS _____	MAP _____	PARCEL _____	LOT NO. _____	
<b>2</b>	OWNER _____	MAIL ADDRESS _____	ZIP _____	HOME PHONE: _____	
<b>3</b>	CONTRACTOR _____	MAIL ADDRESS _____	HOME PHONE: _____	STATE LICENSE NO. _____	
<b>4</b>	IS THE PROPERTY LOCATED IN AN AREA WHICH IS SUBJECT TO FLOOD? _____ YES _____ NO				
	IF YES, WHAT IS THE FLOOD ELEVATION? _____ AND THE FLOOD ZONE _____ (ELEVATION CERTIFICATE MAY BE REQUIRED)				
<b>5</b>	IS A SOIL EROSION AND SEDIMENTATION PERMIT REQUIRED? _____ YES _____ NO IF YES, HAS THE PLANS BEEN APPROVED BY NRCS? _____ YES _____ NO				
<b>6</b>	USE OF BUILDING:				
	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				
	STYLE: _____	AGE OF BUILDING: _____	BR/B: _____		
<b>7</b>	Describe Work: _____				
<b>24 hour notice is required for each inspection. Mobile homes require water and sewage hook-up prior to inspection.</b>					
<b>SPECIAL CONDITIONS:</b>					
Applicable building setbacks will be adhered to _____		Valuation of Work: \$ _____		PERMIT FEE _____	
<b>DIRECTIONS:</b>		Type of Const. _____	Occupancy Group _____	Division _____	
		Size of Bldg. (Total) Sq. Ft. _____	No. of Stones _____	No. of Dwelling Units _____	
APPLICATION ACCEPTED BY _____	PLANS CHECKED BY _____	APPROVED FOR ISSUANCE BY _____			
<p style="text-align:center;"><b>NOTICE</b></p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING, ONLY IF JOB DESCRIPTION IS DIFFERENT FROM NEW, ADDITION OR MOVE CLASSIFICATION. THERE WILL BE NO REFUNDING OF PERMITS. 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. IT IS THE RESPONSIBILITY OF THE BUILDER TO CALL FOR INSPECTION. PLEASE CALL 24 TO 48 HOURS BEFORE INSPECTION IS NEEDED.</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>		Fire Zone _____	Use Zone _____	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Special Approvals</b>	<b>Required</b>	<b>Received</b>	<b>Not Required</b>
		ZONING			
		HEALTH DEPT.			
		FIRE DEPT.			
		SOIL REPORT			
		GEORGIA POWER			
		JEFFERSON ENERGY			
OTHER (Specify) _____					
Water Supply: _____ Well      _____ Public Water					
Sewage: _____ Septic      _____ Sewer System					
Proof that property taxes are paid and current? _____ Yes      _____ No					
SIGNATURE OF OWNER OR AUTHORIZED AGENT _____		(DATE) _____			

CK. \_\_\_\_\_ M.O. \_\_\_\_\_ CASH \_\_\_\_\_

PERMIT VALIDATION # \_\_\_\_\_ MOVING PERMIT # \_\_\_\_\_ CURRENT DECAL # \_\_\_\_\_

**NO**

WHITE - Building Inspector

YELLOW - Permit Holder

PINK - Tax Assessor's Office

(REV 4/01)