

Permit Application
Jurisdiction of Jefferson County

County Building Inspector:
Adrian Snell
Office: 478-625-4032 Fax: 478-625-0597

Permit Type: (Text box) choose from type on file

PERMIT FEE IS NOT REFUNDABLE

JOB ADDRESS	MAP	PARCEL	LOT#
1.			
OWNER	ADDRESS	ZIP	PHONE:
2.			BUSINESS PHONE:
CONTRACTOR	ADDRESS	ZIP	PHONE:
3.	MAILING ADDRESS:		LIC#
4. Is this property located in an area which is subject to flood? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what is the Flood Elevation? _____ and the Flood Zone? _____			
5. Is a Soil Erosion and sedimentation permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, has the plans been approved by NRCS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Repair <input type="checkbox"/> Moving <input type="checkbox"/> Demolition			
7. Description of Work: _____			
24 HOUR NOTICE IS REQUIRED FOR EACH INSPECTION: MOBILE HOMES REQUIRE WATER AND SEWAGE HOOK-UP PRIOR TO INSPECTION			
SPECIAL CONDITIONS Applicable building setbacks will be adhered to:	VALUATION OF WORK: _____		
	Permit Fee: _____		
	Type of Const.	Occupancy Group	Size of Bldg: (Sq Ft)
DIRECTIONS:	No. of Stories:	No. of Dwelling Units	Fire Zone
	Current zoning use:	Fire sprinklers required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application accepted by: _____	Special Approvals:	Required:	Received Not Required
Approved by: _____	Zoning	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Approved for issuance by: _____	Health Dept	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Soil Report	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Ga. Power/JEMC	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<p style="text-align:center;">***** NOTICE *****</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING, ONLY IF JOB DESCRIPTION IS DIFFERENT FROM BEW, ADDITION OR MOVE CLASSIFICATION. THERE WILL BE NO REFUNDING OF PERMITS. THIS PERMIT WILL BECOME 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>	WATER SUPPLY: _____ WELL _____ PUBLIC WATER		
	SEWAGE: _____ SEPTIC _____ SEWER SYSTEM		
	PROOF THAT PROPERTY TAXES ARE PAID AND CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>		
	BUILDING (NEW) PERMIT # _____	MOVING PERMIT # _____	
ELECTRICAL PERMIT # _____	PLUMBING# _____		
HVAC PERMIT # _____	RENOVATIONS PERMIT# _____		
MECHANICAL PERMIT # _____	SOLAR PERMIT # _____		
SIGNATURE OF OWNER OR AUTHORIZED AGENT	DATE		