



CITY OF SKY VALLEY DEVELOPMENT DEPARTMENT
TRADE PERMIT APPLICATION

FOR DEPARTMENTAL USE ONLY

PERMIT NO.:

RECEIVED BY / DATE:

\$0 Repair or Replace Same

\$25 New or Add-on

PERMIT APPLICATIONS, PLANS AND/OR SUPPORTING DOCUMENTATION THAT ARE INCOMPLETE, ILLEGIBLE OR SUBMITTED IN ERASABLE MEDIA WILL NOT BE ACCEPTED. TYPE OR PRINT CLEARLY USING PERMANENT BLUE OR BLACK INK.

1. SITE LOCATION OF WORK		2. PROPOSED PROJECT (CHECK ALL THAT APPLY):																															
☐ RESIDENTIAL ☐ COMMERCIAL		☐ EMERGENCY REPAIR ☐ REPAIR ☐ NEW ☐ REMODEL ☐ OTHER _____																															
3. TYPE OF STRUCTURE (CHECK ALL THAT APPLY):																																	
<table border="0" style="width:100%;"><tr><td>☐ COMM. BLDG</td><td>☐ CABANA</td><td>☐ OUTBUILDING</td><td>☐ GREENHOUSE</td><td>☐ POOL</td><td>☐ SIGN</td></tr><tr><td>☐ SINGLE FAMILY</td><td>☐ CARPORT</td><td>☐ GARAGE</td><td>☐ MANF. / MOBILE</td><td>☐ PORCH</td><td>☐ STORAGE BLDG.</td></tr><tr><td>☐ MULTI-FAMILY</td><td>☐ DECK</td><td>☐ GATE</td><td>☐ MODULAR</td><td>☐ RETAINING WALL</td><td>☐ SUNROOM</td></tr><tr><td>☐ BASEMENT</td><td>☐ FIREPLACE</td><td>☐ GAZEBO</td><td>☐ PAVILION</td><td>☐ ROOF</td><td>☐ TOWER</td></tr><tr><td colspan="6">☐ OTHER: _____</td></tr></table>				☐ COMM. BLDG	☐ CABANA	☐ OUTBUILDING	☐ GREENHOUSE	☐ POOL	☐ SIGN	☐ SINGLE FAMILY	☐ CARPORT	☐ GARAGE	☐ MANF. / MOBILE	☐ PORCH	☐ STORAGE BLDG.	☐ MULTI-FAMILY	☐ DECK	☐ GATE	☐ MODULAR	☐ RETAINING WALL	☐ SUNROOM	☐ BASEMENT	☐ FIREPLACE	☐ GAZEBO	☐ PAVILION	☐ ROOF	☐ TOWER	☐ OTHER: _____					
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4. TYPE OF PERMIT (CHOOSE ONE CATEGORY ONLY):																																	
☐ ELECTRICAL		☐ PLUMBING																															
☐ CABLING / PANEL WORK ☐ LIGHTING/RECEPTACLE/SWITCHES ☐ PANEL / METERBASE UPGRADE ☐ SERVICE CHANGE ☐ SERVICE UPGRADE ☐ T-POLE ☐ *UTILITY POWER SUPPLY ☐ *ELECTRIC HEATING UNIT ☐ *GENERATOR / TRANSFER SWITCH ☐ *NEW ELEC. SERVICE ☐ *SOLAR PANELS ☐ *OTHER _____ *REQUIRES PLAN REVIEW RESIDENTIAL / COMMERCIAL		☐ MECHANICAL ☐ BATHTUB/SHOWER ☐ *DISHWASHER ☐ FLOOR DRAIN ☐ GARBAGE DISPOSAL ☐ *GREASE TRAP / OIL SEPARATOR ☐ SEPTIC LIFT PUMP ☐ SINK / TUB ☐ TOILET / BIDET / URINAL ☐ WASHING MACHINE ☐ WATERLINE ☐ WATER FOUNTAIN ☐ WATER HEATER CHANGE ☐ WELL PUMP ☐ *OTHER _____ *REQUIRES PLAN REVIEW COMMERCIAL ONLY																															
☐ A/C SYSTEM CHANGE or **CHILLER ☐ HEATING SYSTEM CHANGE (FURNACE/HEAT PUMP- MAX 2 PC EQUIP.) ☐ ADDITIONAL UNITS (MORE THAN 2 PC OF EQUIP. / INDIV. UNITS) ☐ *STOVE / COOKTOP ☐ *RANGE HOOD ☐ *OTHER _____ *REQUIRES PLAN REVIEW COMMERCIAL ONLY																																	
5. OWNER'S INFORMATION:		EMAIL:																															
NAME:																																	
ADDRESS:																																	
CITY:		STATE AND ZIP:																															
DAY PHONE NO.:		CELL NO.: FAX NO.:																															
6. APPLICANT'S / CONTRACTOR'S INFORMATION:		EMAIL:																															
NAME:		TITLE (CONTRACTOR, OWNER, ETC.):																															
BUSINESS NAME:		BUSINESS LIC. NO.:																															
GEORGIA STATE LIC. NO.:		GEORGIA STATE LIC. TYPE:																															
ADDRESS:																																	
CITY:		STATE AND ZIP:																															
DAY PHONE NO.:		CELL NO.: FAX NO.:																															
7. CONTRACT AMOUNT OR CONSTRUCTION VALUATION:																																	
☐ CONSTRUCTION VALUATION: \$ -OR- ☐ CONTRACT AMOUNT: \$																																	
I certify that I have read the procedures for permits and inspections (or declined the opportunity to do so) and state that the information provided is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter the above-mentioned property for inspection purposes. I certify that I have a legal right to apply for this building permit and to authorize entry. I have received (or declined receipt of) a copy of these requirements.																																	
APPLICANT'S SIGNATURE _____		DATE _____																															