CITY OF CEDARTOWN

201 East Avenue
Cedartown, Georgia 30125
Telephone (770)-748-3220 ◆ Fax (770) 748-8962

Building Inspection Department
APPLICATION FOR: RESIDENTIAL BUILDING PERMIT

DATE: _____

PROJECT TYPE: _____ PROJECT ADDRESS: _____
SUB-DIVISION: _____

OWNER: _____ CONTRACTOR: _____
ADDRESS:_____ ADDRESS:_____
PHONE: _____ PHONE: _____

BUILDING DIMENSIONS (OVERALL): _____ X _____
BUILDING SIZE: _____ s.f.
GEORGIA SOIL AND WATER CONSERVATION CERTIFICATE NUMBER: _____
COPY OF BUSINESS LICENSE: _____
SPECIAL CONDITIONS: _____
_____

SIGNATURE _____
_____
INFORMATION BELOW THIS LINE TO BE FILLED IN BY BUILDING DEPARTMENT:

ZONING VERIFICATION: _____
ON-SITE SEWAGE DISPOSAL PERMIT
OR SEWER CUT-IN RECEIPT: NUM._____
PRIVATE WATER VERIFICATION OR
WATER METER RECEIPT: NUM._____
NUMBER OF COMPLETE SETS OF
CONSTRUCTION DOCUMENTS: _____
FLOOD *PLAIN*: _____
_____
PLAN APPROVALS:

BUILDING PLANS:
BUILDING DEPARTMENT REVIEW BY: _____
SITE PLANS: _____
FOUNDATION PLANS: _____
FIRST FLOOR PLANS: _____
SECOND FLOOR PLANS: _____
ELEVATIONS: _____
OTHER: _____

ADDITIONAL COMMENTS:
_____
_____
_____