CITY OF TIFTON - DEPARTMENT OF COMMUNITY DEVELOPMENT
204 RIDGE AVENUE NORTH, TIFTON, GA 31794
Phone: (229) 391-3950 Email: permits@tiftonga.gov

General Permit Application

Date:	Project Valuation $_____	Permit#:

Project Address:	**Parcel No**:
Building Use ☐ Residential SF ☐ Residential MF ☐ Commercial ☐ Other: _____	
Work: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sign ☐ Demo ☐ Other: _____	
Improvement Type: ☐ New ☐ Alteration ☐ Repair ☐ Other: _____	

Property Owner Name:
Owner Address: If Different from Project
Phone _____-_____-_____ Email:
Are you applying as an Owner/Applicant ☐ Yes ☐ No

Contractor:	Is the Contractor the applicant?
Licensee/Agent Name:	
Contractor License #:	License Type:
Contractor Address:	
Phone _____-_____-_____ Email:	
☐ Historic District ☐ Health Department ☐ Flood Zone ☐ Plan Review	

Project/Work Description:

I hereby certify that all information above is true and correct and that all work under this permit shall comply and conform to all city ordinances and state/federal laws pertaining thereto, whether specified or not, and in accordance with any plans submitted or required to be submitted, regulating building codes and construction in the City of Tifton, Georgia. I further certify that I am the owner or authorized by the owner to do the work described in this permit application.

*I further understand that all work shall be performed by a licensed contractor and **final inspection of permitted work is mandatory** before occupancy. I further agree to remove all construction debris from the site when completed.*

Applicant Signature: _____ **Date**: _____

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Sub-Contractor Record

Date _____/ _____/ _____	Permit #:

Project Address	Suite ___ Bldg ___ Unit ___
Work to be done ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sign ☐ Other ☐ Demo	

Sub-Contractor:		
Contractor Address		Suite ___ Bldg ___ Unit ___
City	State	Zip Code
Phone ____/ _____/ _____	Email	
Contractor License #	License Type:	

Sub-Contractor		
Contractor Address		Suite ___ Bldg ___ Unit ___
City	State	Zip Code
Phone ____/ _____/ _____	Email	
Contractor License #	License Type:	

Sub-Contractor		
Contractor Address		Suite ___ Bldg ___ Unit ___
City	State	Zip Code
Phone ____/ _____/ _____	Email	
Contractor License #	License Type:	

Sub-Contractor		
Contractor Address		Suite ___ Bldg ___ Unit ___
City	State	Zip Code
Phone ____/ _____/ _____	Email	
Contractor License #	License Type:	