PERMIT TYPE		PERMIT NO.

BUILDING PERMIT APPLICATION

Department of Building Safety
141 West Haynes St. P.O. Box 71
Sandersville, Georgia 31082
Ph: 478-552-2626 Fax: 478-552-6006

Job Address:_____( ) Zone

Owner:_____ Phone #:_____

Address:_____

Contractor:_____ Phone #:_____

Address:_____

Contractor's License #:_____

Trade Contractors

Electrical:_____ License #:_____

Plumbing:_____License #:_____

Mechanical:_____ License #:_____

Use of Building: ( ) Residential ( ) Commercial ( ) Other_____

Class of Work: ( ) New ( ) Addition ( ) Alteration ( ) Repair ( ) Move ( ) Demolition

Description of Work: _____

Valuation of Work: $_____Application Received By:_____

Permit Fee: See fee schedule = $_____

"The issuance of this permit authorizes improvements of the real property designated herein which improvements may subject such property to mechanics' and materialmen's liens pursuant to Part 3 of Article 8 of Chapter 14 of Title 44 of the Official Code of Georgia Annotated. In order to protect any interest in such property and to avoid encumbrances thereon, the owner or any person with an interest in such property should consider contacting an attorney or purchasing a consumer's guide to the lien laws which may be available at building supply home centers."

A. General Contractor must have a valid State License and a valid Business License
B. All Sub-Contractors must have a valid Business License
C. Electrical, Plumbing, and Mechanical must have a State Trade License

I, Hereby make application for a building permit to perform work as described above and if permit is granted, I agree to comply with regulations and ordinances of the City of Sandersville pertaining thereto and in accordance with any plans submitted. All provisions of laws and ordinances governing the type of work will be complied with whether specified herein or not. This granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or performance of construction. I understand failure to comply with these regulations could be grounds for revocation of the permit. I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Applicants Signature:_____Date:_____

Notice: CALL 478-552-2626 for inspections - 24hr notice required. 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.