

City of Watkinsville Residential Building Permit Application



- ☐ **Single Family**
☐ **Multi Family**
☐ **Change of Occupancy**
☐ **Alteration/ Addition**

Date: ____ / ____ / ____

Permit No. _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS: _____

Parcel ID #: _____

Wastewater Plan submitted to Oconee Water Resources and Environmental Health as applicable.

Print Name _____

Signature _____ Date _____

Sewer _____ (no letter of approval from Oconee Environmental Health required, Change of Occupancy requires letter from Oconee Water Resources)

Septic _____ (letter of approval from Oconee Environmental Health required)

Use Classification: _____

Lot/Suite #: _____

Zoning Class: _____

Description of Work: _____

Property Owner

Name: _____

Address: _____

Zip: _____

Phone: _____

Email: _____

General Contractor

Name: _____

Address: _____

Zip: _____

Phone: _____

Email: _____

- ☐ Ga License No.: **Attach Document**
☐ Business License: **Attach Document**

Building Height: _____

Number of Units: _____

Flood Zone: ☐ yes ☐ no

#Bedrooms _____ #Bathrooms _____

[] Slab [] Basement [] Crawl

Garage: [] Attached [] Detached

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

**PROVIDE PLANS
DIGITALLY BY EMAIL
OR ON JUMP DRIVE**

Total Heated Sq. Ft.: _____

Total Unheated Sq. Ft.: _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

Code Official Signature: _____

Associated Permits: _____

LDP Required: [] Yes [] No

[] Mechanical [] Electrical [] Plumbing

Construction Type: _____

[] Low Voltage [] Fire Alarm [] Fire Suppression

Occupancy Group: _____

Administrative Fee:

Building Permit Fee:

Plan Review Fee:

CO Fee:

Total Fee:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____