



100 South Church St. Dublin, GA 31021

478-277-5070

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BUILDING/TRADES PERMIT APPLICATION

Commercial

Residential

Project Site Name

Project Site Address

Work Responsible Party:

Property Owner

Authorized Agent

Contractor

Name:

Phone:

Email:

Class of Work:

New

Demolition

Addition

Other Non-Building (pool, fence)

Renovation/Repair

Attached (primary structure)

Other

Detached (primary structure)

(outbuilding/roofing/siding/windows)

Description of Work:

Proposed Use or Activity for Permit:

Commercial:

Antenna/Tower	Mercantile/Retail
Apartments	Multi-Family (3 or more)
Assembly/Church	Office/Professional
Educational	Restaurant
Factory/Industrial	Shell
Hospital/Institutional	Solar
Hotel/Motel	Storage

Residential:

Single Family	Garage/Carport
Duplex	Outbuilding/Storage

Work to Include:

Electrical	Low Voltage
Plumbing	Gas
Mechanical/HVAC	Sprinkler/Fire Alarm

VALUATION OF LABOR AND MATERIALS (all permit fees to be verified by Planning Department)

Building	Plumbing
Electrical	Gas
Mechanical/HVAC	Low Voltage

GENERAL CONTRACTOR INFORMATION:

Name:

License #:

Expiration:

Business:

Phone:

Email:

Georgia Licensed Subcontractor working on project:

Electrical:

Phone #:

Plumbing:

Phone #:

Mechanical / HVAC:

Phone #:

Low Voltage:

Phone #:

Applicant Certification:

I hereby certify that I have answered all questions contained herein and know the same to be true and correct. All work performed under this permit must comply with the State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misinterpretation provided by the applicant, will be null and void and subject to the penalty as provided by law and ordinance.

All work requiring a permit must be totally exposed for the inspection purposes and authorized officials of City of Dublin to enter premises for each inspection required. Double permit fees shall be charged if work has been started before a permit is issued. All permits will need an approved final inspection of all trades before the job is rendered complete.

Date:

Signature of Applicant:

Printed Name of Applicant:

For Staff Only

Date Received_____

Received by_____

Date Reviewed_____

Reviewed by_____

Approved Date_____

Approved by_____

Permit Cost_____

Payment Proof