

BUILDING PERMIT APPLICATION



City of Fayetteville Building Department
210 Stonewall Ave W. Fayetteville, GA 30214
(770) 719-4067

Type of Work:	☐ Residential ☐ Commercial	Application Date: ____/____/____	Estimated Value of Work (Labor and Materials): \$
	☐ New ☐ Addition ☐ Alteration		
Site Built Building ☐ Industrialized Building ☐ Manufactured Home ☐ Log Building ☐ Other ☐			
Construction Type: IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB ☐ VA ☐ VB ☐ Occupancy: A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5 ☐ B ☐ E ☐ F1 ☐ F2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5 ☐ I1 ☐ I2 ☐ I3 ☐ I4 ☐ M ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐ S1 ☐ S2 ☐ U ☐			
Total Area of Construction (SF):			
Applicant Name:		Phone:	
PROJECT INFORMATION			
Project Name:			
Job Site Address:			Subdivision: _____ Lot Number: _____
Property Owner Information: Name: _____ Phone # _____			
Address _____ City _____ State _____ Zip Code _____			
SCOPE OF WORK			
_____ _____ _____			
☐ Attached Garage ☐ Detached Garage ☐ Finished Basement ☐ Siding ☐ Deck ☐ Carport ☐ Pool ☐ Re-Roof ☐ Storage Building ☐ Interior Alteration ☐ Exterior Alteration ☐ Windows ☐ Pool Fence ☐ Fence Scope of work includes: ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Food Service Business _____ (initial), ☐ Received approved stamped plans from the Health Department (<i>approval letter must be included with submittal</i>) ☐ HOA approval received for the proposed plans/scope of work. (<i>approval letter must be included with submittal</i>) ☐ This property is not subject to any declaration of protective covenants, conditions, or restrictions from a HOA/POA _____ (initial)			
Electricity Provider:		# of Stories:	# of Bedrooms:
			# of Dwelling units:
Exterior Finish Material:		Building Height:	
CONTRACTOR INFORMATION			
Business Name:		State Certification Number:	
Address	City	State	Zip Code
Phone			
Print name of Contractor:			
Email address:			
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance thereof.			
Signature of Applicant & (State Certification number)			Date

FOR OFFICE USE ONLY

Application Accepted by:

Date:

Adjusted Construction Cost per ICC building valuation Data \$

WASA Approval

Date

Impact Fee: \$

Date

Admin Fee: \$

Plan Review Fee: \$

Permit Fee: \$

Stop work Fee: \$

Fire Marshal Fee: \$

LDP Permit: \$

CO or CC Fee: \$

Working w/o a permit: \$

Total Permit Fee: \$