City of Fort Gaines, Georgia

Kenneth Sumpter
Mayor

CITY OF FORT GAINES, GEORGIA

Charlotte Shivers
Clerk/Treasurer

APPLICATION FOR BUILDING PERMIT
PERMIT NO._____

DATE_____

APPLICANT NAME:_____
ADDRESS:_____
CITY/STATE:_____

NAME OF PROPERTY OWNER:_____
ADDRESS:_____
CITY/STATE:_____

PROJECT LOCATION ADRESS:_____
PARCEL NUMBER OF LOCATION:_____
PARCEL LEGAL DESCRIPTION:_____
PARCEL LOT DIMENSIONS:_____

TYPE STRUCTURE:_____
DIMENSIONS OF STRUCTURE:_____
USE OF STRUCTURE:_____

ADDITION TO EXISTING BUILDING DIMENSIONS:_____

CONTRACTOR:_____
CONTRACTOR BUSINESS LICENSE #_____

TOTAL ESTIMATE OF COST:_____

I HEREBY AGREE TO ACT UNDER PERMIT APPLIED FOR IN FULL ACCORDANCE WITH ALL LAWS AND ORDINANCES OF THE CITY OF FORT GAINES. I AGREE THAT NO CHANGE WILL BE MADE CONTRARY TO THIS PERMIT, IF SO, THIS PERMIT WILL BE VOID. THIS PERMIT WILL BE VOID IF WORK DOES NOT BEGIN WITHIN 6 MONTHS FROM DATE ISSUED.

APPLICANT SIGNATURE:_____

CITY CLERK_____ Permit Fee Paid: $_____

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