

BUILDING PERMIT APPLICATION

CITY OF STOCKBRIDGE BUILDING SAFETY DIVISION 4640 North Henry Boulevard, Stockbridge, GA 30281 678-833-3314 www.cityofstockbridge.com Email to: permitting@cityofstockbridge-ga.gov

Date Received:

Received By:

	PERMIT TYP	E		
RESIDENTIAL (One or Two Family) BA		COMMERCIAL / MULTI-FAMILY	BASE FEE \$200.00	
WORK CLASSIFICATION				
NEW CONSTRUCTION - A Structure which does not presently exist				
ADDITION - An increase in floor area or height				
ALTERATION / RENOVATION - Any construction other than repair or addition				
REPAIR - The renewal of any part of an existing structure for maintenance purposes				
DEMOLITION (INTERIOR ONLY) COMPLETE DEMOLITION				
CELL TOWER NEW STRUCTRAL ALTERATIONS CO-LOCATE (Antenna & Equip. upgrades use Elec. Permit)				
MANUFACTURED		POOL		
MODULAR / INDUSTRIALIZED		FENCE		
OTHER (SHED / BARN / DUMPSTER ENCLOSURE / ETC.)		ROOFING	SIDING	
BOARDING / SECURING		DECK	COVERED PORCH	
TOTAL AFFECTED S.F.	ACTIVITY WITHIN THE R.O.W.?		R.O.W.?	
PUBLIC SEWER PVT. SEWER	SPRINKLERED? NATURAL BODIES OF WATER PRESENT?		VATER PRESENT?	
NUMBER OF STORIES	FLOOD ZONE?	PARCEL WITHIN 200' C	PARCEL WITHIN 200' OF STATE WATER?	
TOTAL DISTURBED ACRES		ICC CONSTRUCTION TYPE?		
WHAT IS THE PROJECT VALUATION? (MATERIALS AND LABOR) \$				
DESCRIBE THE SCOPE OF WORK:				
PROJECT INFORMATION				
PROJECT NAME:				
ADDRESS:		SUITE,UNIT, APT.:		
CITY STATE 7ID.		PARCEL ID:		
CITY, STATE, ZIP:				
OCCUPANCY CLASSIFICATION:		ZONING DISTRICT:		
PARCEL OWNER INFORMATION (WHO OWNS THE LAND AND BUILDING?)				
PARCEL OWNER:		CONTACT NAME:		
ADDRESS:		SUITE,UNIT, APT.:		
CITY, STATE, ZIP:		TEL:		
EMAIL:		CELL:		

APPLICANT (PERSON COMPLETI	NG THE APPLICATION)
APPLICANT NAME:	ACTING AS PERMIT AGENT ☐ YES ☐ NO
ADDRESS:	SUITE,UNIT, APT.:
CITY, STATE, ZIP:	TEL:
EMAIL:	CELL:
GENERAL CONTRACTOR	INFORMATION
BUSINESS NAME:	CONTACT NAME:
ADDRESS:	SUITE,UNIT, APT.:
CITY, STATE, ZIP:	TEL:
EMAIL:	CELL:
PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE, STATE CARD AND	D BUSINESS LICENSE
OTHER CONTACT INF	
BUSINESS NAME:	CONTACT NAME:
ADDRESS:	SUITE,UNIT, APT.:
CITY, STATE, ZIP:	TEL:
EMAIL:	CELL:
Submission of this application and payment of fees is NOT requires an original signature and will be issued after plan reviewA permit issued shall be construed to be a license to proce cancel, alter or set aside and of the provisions of the construction community development department from thereafter requiring a coff the construction codesThe Permit Holder shall be responsibile from the date the resulting from this work, whether for the basic services or addition shall exonerate, indemnify and save harmless the City, its employ conection and all expenses incidental to the deense of any such of damage or injury (including death) to persons or property cause of this permit or by conditions created thereby or arising out of or permit with the acquisition of and construction subcontractor, or a supervision of any of themThe information provided on this application is true and counderstand that in the event information given above proves false that I am the property owner of the property which is the subject man acting on behalf of the owner of this Petition for Building Perm Georgia. The undersigned further acknowledges that he/she is an permit application will subject said applicant to possible prosecution Swearing) called for a possible fine of not more than \$1,000.00 or five (5) years, or both.	and/or the application has been approved. Beed with the work and not as authority to violate, a codes, nor shall issuance of a permit prevent the correction of errors in plans, construction or violations appeared by the permit is issued for all injury or damage of any kind hal services to persons or property, the permit holder yees, contractors from and against all claims or claims, litigation and actions based upon or arising out ed by or sustained in connection with the performance in any way connected with work performed under the anyone directly or indirectly employed under the enyone directly or indirectly employed under the anyone, if any, may be revoked by the City. I swear matter, or for the purposes of obtaining this approval, I not as shown in the records of The City of Stockbridge, ware that any knowingly false statements made in the ion. Georgia Criminal Code, Section 16-10-71 (False)
REQUIRED SIGNA	ATURES
APPLICANT SIGNATURE:	
APPLICANT PRINT NAME:	DATE: