



# APPLICATION FOR BUILDING PERMIT

5515 Abercorn Street, Savannah, Georgia 31405

PHONE NO. (912) 651-6530

FAX NO. (912) 651-6543

PAYMENT ACCEPTED BY CHECK OR MONEY ORDER ONLY

## INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA

(Note: application must be completed in ink and an incomplete application may delay approval process)

**I. PROJECT ADDRESS:** \_\_\_\_\_ **PIN #** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_ **SUBDIVISION** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **OWNER ADDRESS:** \_\_\_\_\_

**OWNER CITY/STATE/ZIP:** \_\_\_\_\_ **OWNER TEL. NO.:** \_\_\_\_\_

**COMPLETE DESCRIPTION OF WORK:** \_\_\_\_\_

**VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT):\$** \_\_\_\_\_

**CLASS OF WORK:**  NEW  ADDITION  ALTERATION  REPAIR  OTHER

**PROPOSED USE FOR THIS PERMIT:** (If more than one option, check all appropriate)

<input type="checkbox"/> 1 FAMILY	<input type="checkbox"/> ASSEMBLY/CHURCH	<input type="checkbox"/> MERCANTILE
<input type="checkbox"/> 2 FAMILY	<input type="checkbox"/> AMUSEMENT/RECREATIONAL	<input type="checkbox"/> STORAGE
<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> ANTENNA/TOWER
<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> OFFICE/PROFESSIONAL	<input type="checkbox"/> EDUCATIONAL
<input type="checkbox"/> GARAGE/CARPORT	<input type="checkbox"/> HOSPITAL/INSTITUTIONAL	<input type="checkbox"/> PARKING GARAGE
<input type="checkbox"/> FACTORY/INDUSTRIAL	<input type="checkbox"/> OTHER _____	

**CURRENT / PRIOR USE:** \_\_\_\_\_

**II. WHO WILL BE RESPONSIBLE FOR THIS WORK?**  OWNER  TENANT  CONTRACTOR

**NAME:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TEL. NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

### \*\*\*GEORGIA LICENSED SUB CONTRACTORS WORKING ON PROJECT\*\*\*

(If you have not selected the sub contractor please write in "T.B.L." which means "to be licensed")

**ELECTRICAL:** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**PLUMBING:** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**HVAC:** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**FIRE PREVENTION:** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**PHONE/COMPUTER:** \_\_\_\_\_ **TEL#** \_\_\_\_\_

### III. PLAN CONSIDERATIONS AND SUBMITTAL:

<input type="checkbox"/> Survey	<input type="checkbox"/> Plot Plan	<input type="checkbox"/> Wall Detail
<input type="checkbox"/> PMD Write Up	<input type="checkbox"/> Architectural Plans	<input type="checkbox"/> Electrical/Plumbing/HVAC
<input type="checkbox"/> No Plans Submitted	<input type="checkbox"/> Foundation/Floor Plan	<input type="checkbox"/> Sprinkler/Alarm

**Water Service:** City of Savannah, \_\_\_\_\_ Private Well \_\_\_\_\_ or Other \_\_\_\_\_

**Location and size of Water Main** (Information call 651-6584) \_\_\_\_\_

**Sewer Service:** City of Savannah, \_\_\_\_\_ Septic Tank \_\_\_\_\_ or Other \_\_\_\_\_

**Location and depth of Sewer Main** (Information call 351-3898) \_\_\_\_\_

Is the property in a designated wetland? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes attach Corp. of Engineer's letter or see Zoning)

How many existing electric meters? \_\_\_\_\_ How many additional electric meters? \_\_\_\_\_ # of Stories \_\_\_\_\_

Does the building have a fire sprinkler system? \_\_\_\_\_ How many sq. feet in bldg? \_\_\_\_\_

Will/does the water connection include a backflow device? Please check: Yes \_\_\_\_\_ or No \_\_\_\_\_

Will/does the building have a grease trap? Check: Yes \_\_\_ No \_\_\_ / Inside \_\_\_ Outside \_\_\_ / Size \_\_\_\_\_

