



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

NEPROPOSED USE: (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 651-6484) _____

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 _____

