



## Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

I hereby certify that I have verified access to city water and sewer services for this property. Any necessary connection and requirements for service have been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review. I understand there may be water and sewer impact fees that must be paid prior to the completion of this project.

\_\_\_\_\_  
**Printed Name of Applicant (Not Company Name)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*Note: For permit fee information, contact Development Services, view the City's Revenue Ordinance, or visit [www.savannahga.gov](http://www.savannahga.gov) and view the Building Permit Fees document. Fees can be paid by check or money order (no cash), or they can be paid online through eTRAC.*

### FOR OFFICE USE ONLY

No Plans Submitted: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Zoning Use: \_\_\_\_\_  
 Constr. Type: \_\_\_\_\_ Report Code: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_  
 Flood Zone:  X  A  AE  VE LOMA: \_\_\_\_\_ COA Approved: \_\_\_\_\_  
 Firm Map #13051C- \_\_\_\_\_ -F BFE Cert. Needed:  Yes  No  
 Contractor Validation:  Yes  No Homeowners Affidavit:  Yes  No

**Plan Review Fees:** Total: \$ \_\_\_\_\_  
 Paid: \$ \_\_\_\_\_ Bal.: \$ \_\_\_\_\_ Chk/MO#: \_\_\_\_\_  
**Permit Fees:** Total: \$ \_\_\_\_\_  
 Paid: \$ \_\_\_\_\_ Bal.: \$ \_\_\_\_\_  
 Chk/MO#: \_\_\_\_\_ Notes: \_\_\_\_\_

**Reviewed by:** Flood: \_\_\_\_\_ Zoning: \_\_\_\_\_ Building: \_\_\_\_\_ Life Safety: \_\_\_\_\_ Elect: \_\_\_\_\_ Plumb: \_\_\_\_\_ Mech: \_\_\_\_\_