



41400 East Main Street  
 Hogansville, Georgia  
 30230  
 Phone: 706-637-8629  
 Fax: 706-637-4813  
 Email:

Permit #:

## RESIDENTIAL BUILDING PERMIT APPLICATION

Site Address:	Suite/Unit #:	Zip:
Development/Center:	<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Townhome <input type="checkbox"/> Duplex	

### PROPERTY

Tax Parcel # _____	Zoning District:	Hogansville Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner:		Phone:
Contact Name:		E-mail:
Address:		Suite #:
City:	State:	Zip:

### GENERAL CONTRACTOR

Company Name:		Phone:
Contact Name:		E-Mail:
Address:		Suite #:
City:	State:	Zip:
State License #:	<input type="checkbox"/> Individual <input type="checkbox"/> Qualifying Agent	Expires:
Company State License #:	Expires:	Business License #:
<i>Unless individual license, must provide both company and company's qualifying agent licenses</i>		

### APPLICANT

Applicant is: <input type="checkbox"/> General Contractor <input type="checkbox"/> Authorized Permit Agent <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Property Owner		
Applicant's Name:		Phone:
Company Name:		E-Mail:
Address:		Suite #:
City:	State:	Zip:

### WORK INFORMATION

Work Area:	SF	Occupancy Type:	Construction Type:	Building Height:	FT	No. Stories:
<input type="checkbox"/> New Residence <input type="checkbox"/> Addition <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Basement Finish		<input type="checkbox"/> Garage / Carport <input type="checkbox"/> Porch / Pergola / Patio Cover <input type="checkbox"/> Deck <input type="checkbox"/> Shed / Storage		<input type="checkbox"/> Exterior Alteration / Siding <input type="checkbox"/> Roof / Re-Roof <input type="checkbox"/> Structural Repair <input type="checkbox"/> Other _____		

Describe Work to be Performed:	Valuation:
<i>Attach REScheck and Residential Plan Review Data Sheet for new residence or addition.</i>	

Associated Work (separate permits required):	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Low Voltage <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Demolition
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### CERTIFICATION

I certify that I have read and examined this application and know the same to be true and correct. I understand that the permit issued is only for construction as stated, and that the occupancy of the structure is not permissible until all requirements are met and a Certificate of Occupancy has been issued by the City of Hogansville. The permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances and laws of the City of Hogansville, Georgia, including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances. Construction will begin no later than 180 days from issue date of the permit. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Hogansville from all damages, demands, or expenses of every character which may in any manner be caused by construction and/or the structure.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_