05-0011

# CITY OF STATHAM
# BUILDING PERMIT

JOB ADDRESS
000 000

1 LEGAL DESCR. | LOT NUMBER | BLK | TRACT (SEE ATTACHED SHEET)

2 OWNER: Record Default | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR: Sample Sample | MAIL ADDRESS | PHONE | REGISTRATION NO.

4 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | REGISTRATION NO.

5 ENGINEER | MAIL ADDRESS | PHONE | REGISTRATION NO.

6 LENDER | MAIL ADDRESS | BRANCH

7 USE OF BUILDING

8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 Describe work:

10 Valuation of work: $0.00

SPECIAL CONDITIONS:

| APPLICATION ACCEPTED BY: | PLANS CHECKED BY: | APPROVED FOR ISSUANCE BY: |
|---|---|---|
| | | |

**NOTICE**

**SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.**
**THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT - DATE -

SIGNATURE OF OWNER IF OWNER BUILDER - DATE -

| PLAN CHECK FEE | | PERMIT FEE | |
|---|---|---|---|
| Type of Const. | Occupancy Group | Division | |
| Size of Bldg. (Total) Sq. Ft. | No. of Stories | Max Occ. Load | |
| Fire Zone | Use Zones | Fire Sprinklers Required ☐Yes ☐No | |
| No. of Dwelling Units | OFFSTREET PARKING SPACES Covered | Uncovered | |

| Special Approvals | Required | Received | Not Required |
|---|---|---|---|
| ZONING | | | |
| HEALTH DEPT. | | | |
| FIRE DEPT. | | | |
| SOIL REPORT | | | |
| OTHER (Specify) | | | |