CITY OF ALMA PERMIT APPLICATION
Please print clearly and fill in all that apply.

PROJECT ADDRESS:

PROJECT OWNER	TENANT		ARCHITECT	DESIGNER		ENGINEER
NAME:			LICENSE/REGISTRATION #:			
ADDRESS:			NAME:			
CITY/STATE/ZIP:			COMPANY NAME:			
PHONE #: FAX #:			ADDRESS:			
E-MAIL ADDRESS:			CITY/STATE/ZIP:			
TENANT COMPANY NAME:			PHONE #: FAX #:			
Jurisdictions may require written approval from the owner.			E-MAIL ADDRESS:			
PROJECT CONTACT PERSON:			PHONE #: FAX #:			
ADDRESS:			E-MAIL ADDRESS:			

❏ CONTRACTOR	❏ OWNER-BUILDER
LICENSE#: LICENSE CLASS:	PHONE #:
COMPANY/NAME:	FAX #:
ADDRESS:	E-MAIL ADDRESS:
CITY/STATE/ZIP:	BUSINESS LICENSE #:

❏ I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT: DATE:

PLEASE PRINT NAME:

TYPE OF CONSTRUCTION: OCCUPANCY: ZONE:

FIRE SPRINKLERS ❏ YES   ❏ NO   HAZARDOUS MATERIALS ❏ YES   ❏ NO

EXISTING USE: PROPOSED USE:

ASSESSOR'S PARCEL #:   MAP: LOT: BLOCK: SUBDIVISION:

DESCRIPTION OF WORK: (PLEASE FILL-IN AND MARK ALL THAT APPLY)

CONSTRUCTION VALUATION: $

	❏ NONRESIDENTIAL	❏ RESIDENTIAL		
❏ NEW BUILDING	❏ ADDITION	❏ ALTERATION	❏ TERMITE/DRY ROT REPAIR	❏ DEMOLISH
❏ MOVE BUILDING	❏ FIRE SPRINKLERS	❏ SIGN	❏ FOUNDATION ONLY	❏ CHIMNEY REPAIR
❏ TEBANT IMPROVEMNT	❏ SWIMMING POOL/SPA	❏ FIRE REPAIR	❏ REPAIR/RETROFIT	❏ TREE REMOVAL

❏ OTHER   ❏ COMBINATION PERMIT (ADDITIONAL INFORMATION MAY BE REQUIRED)

DESCRIPTION:

DESCRIPTION OF BUILDING: (PLEASE FILL-IN AND MARK ALL THAT APPLY)

❏ OFFICE/BANK PROFESSIONAL   ❏ SINGLE FAMILY ❏ DUPLEX   ❏ TOWNHOUSE   ❏CONDOMINIUM   ❏ APARTMENT BLDG.
❏ HOTEL/MOTEL   ❏ AMUSEMENT/RECREATION   ❏ INDUSTRIAL   ❏ SERVICE STATION   ❏ MEDICAL BUILDING
❏ RESTAURANT   ❏ ACCESSORY BUILIDNG   ❏ HISTORICAL   ❏ EDUCATIONAL/SCHOOL   ❏ CITY/COUNTY OWNED
❏ CHURCH/ASSEMBLY   ❏ STORE   ❏ OTHER

BUILDING AREA: SQ. FT.   BUILDING HEIGHT: FT   STORIES:

EXISTING: FLOOR AREA   GARAGE   OTHER   # UNITS

ADDITIONAL PROPOSED: FLOOR AREA   GARAGE   OTHER   # UNITS

NUMBER OF BEDROOMS: NUMBER OF BATHROOMS: TOTAL NUMBER OF ROOMS:

LOT SIZE (SQ. FT.):   LOT DIMENSION (FRONT/SIDE/REAR):   /   /   /   COVERAGE %

SETBACKS: FRONT: REAR: LEFT: RIGHT:

EASEMENTS: FLOOD ZONE: ALUC:

❏ SEWER   OR   ❏ SEPTIC   WATER WELL: ❏ YES   ❏ NO

FOR OFFICIAL USE ONLY

PERMIT FEE: $

RECOMMENDED ACTION:

     ❏ APPROVAL   ❏ DISAPPROVAL

INSPECTOR   DATE

COMMENTS:

PAID BY

DATE PAID   CHECK #   RECEIPT #

Sub Contractor's Electrical, Plumbing, Heating/Air

Name_____
Address_____
Business Lic#_____
State Lic#_____

Name_____
Address_____
Business Lic#_____
State Lic#_____

Name_____
Address_____
Business Lic#_____
State Lic#_____

Name_____
Address_____
Business Lic#_____
State Lic#_____

Copy of State Construction Industry Licensing Board – wallet card or certificate.
All copies must be with this application before permit is issued.

APPLICATE ACKNOWLEDGEMENT: I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting date have been or shall be provided as required. I agree to comply with all applicable provisions of the City Code and Ordinance, and all other laws or ordinances affecting the proposed development.

IF YOU ARE CLEARING OR GRADING LAND, YOU MAY NEED A PERMIT FROM THE GA. EPD. PLEASE CALL THE BRUNSWICK OFFICE AT 912-264-7284 FOR FURTHER INFORMATION.