
CITY OF ALMA BUILDING STANDARDS
P.O. BOX 429
ALMA, GA. 31510
OTHER PERMIT
912-632-5917 FAX 912-632-8365

PERMIT#
OWNER NAME & ADDRESS:

CONTRACTOR NAME & ADDRESS:

PURPOSE: NEW HOUSE

ATTACHED TO PERMIT #:N/A

ISSUED BY: _____ FEE AMOUNT : _____ CHECK# _____ TRANS DATE _____

I HEREBY CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT. THAT I HEREBY MAKE APPLICATION FOR PERMIT TO COMPLY AND CONFORM TO ALL CITY ORDINANCES, STATE AND FEDERAL LAWS PERTAINING THERETO, WHETHER SPECIFIED OR NOT, AND IN ACCORDANCE WITH ANY PLANS SUBMITTED OR REQUIRED TO BE SUBMITTED REGULATING BUILDING CODES AND BUILDING CONSTRUCTION IN CITY OF ALMA GA. I FUTHER AGREE TO REMOVE ALL CONSTRUCTION DEBRIS FROM THE SITE WHEN COMPLETED. AND THAT THE OWNER OR AUTHORIZED BY THE OWNER TO DO THE WORK DESCRIBE IN THIS PERMIT REQUEST.

ALL FINAL INSPECTIONS ARE MANDATORY BEFORE OCCUPANCY. ALL WORK SHALL BE PERFORMED BY A LICENSED CONTRACTOR IN THIS STATE. IT IS UNLAWFUL AND ILLEGAL TO OCCUPY ANY BUILDING BEFORE FINAL INSPECTION AND A CERTIFICATION OF OCCUPANCY HAS BEEN ISSUED. ALL FEES ARE NON-REFUNDABLE AFTER 60 DAYS.

APPLICANTS SIGNATURE: _____