Building Permit Application

478-277-5070	phillipsc@dublinga.org			
Address:	Address:			
er Authorized Agent	Contractor			
Phone:				
_ Other (outbuilding	/roofing/siding/windows)			
ached Detached	(primary structure)			
ntile/Retail Multi-Fam				
Solar Storage				
Outbuilding/Storage				
Low Voltage Ga	s Sprinkler/Fire Alarm			
Mech/HVAC	Plumbing			
(All permit fees to be verified	by the Inspection Dept.)			
	Address: er Authorized Agent Phone: _ Other (outbuilding ached Detached ached Detached burch Educational ntile/Retail Multi-Farr Solar Storage _ Outbuilding/Storage _ Outbuilding/Storage _ Low Voltage Ga			

General Contractor Information:

Name	License#	Expiration
Business Name	Phone	Number
Email		
Georgia Licensed Subcontractor working on proje	ect:	
Electrical	Phor	e
Plumbing	Phor	e
Mechanical/HVAC	Phor	e
Low Voltage	Phor	le

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 the 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 the penalty as provided by law and ordinance.

All work requiring a permit must be totally exposed for the inspection purposes and authorize officials of City of Dublin to enter premises for each inspection required. Double permit fees shall be charged if work has been started before permit is issued. All permits will need an approved final inspection on all trades before the job is rendered completed.

Printed Name of Applicant	Signa		Signature of Applicant		Signature of Applicant			Date		
FOR OFFICE USE ONLY	1									
# Plans Submitted	Pa	arcel Zoned		Setbacks Met						
Permit Fees:	Total Permit:\$		Paid:\$	Checki	#					
Impact fees:\$	Sewer fees	::\$	Wat	er Fees:\$						