



BUILDING APPLICATION CHECKLIST
FOR
RESIDENTIAL AND COMMERCIAL BUILDING PERMIT

This checklist must be completed and attached to the building permit application.

Each of the following are required for a building permit:

- **Forms and Documents**

- _____ Complete signed application form
- _____ One (1) copy of the most recently recorded plat with the courthouse stamp showing the date the plat was recorded
- _____ Property proof of ownership (legal document)
- _____ Tradesmen's local business and state licenses
- _____ Contractor's local and state licenses
- _____ Tree Permit (if any trees are to be removed or trimmed)
- _____ Driveway Permit
- _____ Sign Permit (if applicable)
- _____ Water & Sewer Tap In

- **Mark each applicable item below to indicate that the information is provided with the Application for Building Permit. If an item does not apply, note with the "n/a" symbol.**

- _____ Payment for required Plan Review Fee
- _____ Two (2) identical hard copy sets of plans and one (1) electronic file sent to bfischer@thunderboltga.org and mwalker@thunderboltga.org
- _____ Plans are stamped "For Construction"
- _____ Drawings have been signed and sealed by a licensed architect or engineer if required

Each set of plans includes:

- _____ Plot Plan (1/20" = 1 foot) Must show driveway, house and all accessory structures with dimensions to lot lines.
- _____ Foundation Plan (1/4" = 1 foot)
- _____ Floor Plan (1/4" = 1 foot)
- _____ Electrical Plan (1/4" = 1 foot)
- _____ Plumbing Plan (with fixture schedule) (1/4" = 1 foot)
- _____ Details (Min 1/2" = 1 foot)
- _____ Elevation Views (Front- 1/4" = 1 foot; Remainder- Min 1/8" = 1 foot)
- _____ Wall Section View from foundation to roof (Min 3/8" = 1 foot)

Note: If design of residential structure includes open porches, the plans must be signed and sealed by an engineer or architect registered in the state of Georgia.

Printed Name of Applicant

Signature of Applicant

Date

Permit is VOID after 6 months unless work has started and an approved inspection was completed

Permit # _____ - _____
Date _____



TOWN OF THUNDERBOLT
APPLICATION FOR BUILDING PERMIT
PHONE NO. (912) 354-5533 FAX NO. (912) 354-2038

INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA.
CASH PAYMENTS CANNOT BE ACCEPTED

(Note: Application must be completed **in ink or typed**; an incomplete application may delay approval process)

I. PROJECT ADDRESS: _____ **PIN #** _____

PROJECT/BUSINESS NAME: _____

OWNER NAME: _____ **OWNER ADDRESS:** _____

OWNER CITY/STATE/ZIP: _____ **OWNER TEL. NO.:** _____

OWNER EMAIL ADDRESS: _____

COMPLETE DESCRIPTION OF WORK: _____

VALUATION OF JOB: (INCLUDE LABOR/MATERIAL/PROFIT/OVERHEAD): \$ _____

CLASS OF WORK: NEW ADDITION RENOVATION/ REPAIR
 DEMOLITION SIGN OTHER _____

PROPOSED USE FOR THIS PERMIT: (If more than one option, check all appropriate)

_____ 1 FAMILY	_____ ASSEMBLY/CHURCH	_____ MERCANTILE
_____ 2 FAMILY	_____ AMUSEMENT/RECREATIONAL	_____ STORAGE
_____ MULTI-FAMILY	_____ BARBER SHOP/SALON	_____ ANTENNA/TOWER
_____ OFFICE/PROFESSIONAL	_____ EDUCATIONAL	_____ GARAGE/CARPORT
_____ INDUSTRIAL	_____ OTHER _____	

CURRENT / PRIOR USE: SAME OTHER _____

II. WHO WILL BE RESPONSIBLE FOR THIS WORK? OWNER CONTRACTOR

(MUST INCLUDE OWNER AFFIDAVIT OR CONTRACTOR LICENSE)

(Note: Owner may only be responsible for work on a single family residence owned and occupied by the applicant)

NAME: _____ **CITY:** _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

TEL. NO.: _____ **FAX NO.:** _____ **EMAIL:** _____

*****GEORGIA LICENSED SUBCONTRACTORS TO WORK ON PROJECT*****

List subcontractors hired or to be hired for this project:

ELECTRICAL: _____ **TEL. NO.** _____

PLUMBING: _____ **TEL. NO.** _____

HVAC: _____ **TEL. NO.** _____

LOW VOLTAGE: _____ **TEL. NO.** _____

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Date _____

III. PLAN CONSIDERATIONS AND SUBMITTAL:

_____ Survey _____ Plot Plan _____ Wall Detail
_____ Architectural Plans _____ Electrical/Plumbing/HVAC _____ Foundation/Floor Plan
_____ Sprinkler/Alarm _____ No Plans Submitted

Water Service: _____ Town of Thunderbolt _____ Private Well or Other _____
Sewer Service: _____ Town of Thunderbolt _____ Septic Tank or Other _____

1. Does any of the work in this application include plumbing work? Yes _____ No _____
2. What is Lot Size? _____ SQFT; Width at Road; _____ Depth _____
3. A) Proposed structure under roof _____ SQFT Conditioned _____ SQDT Unconditioned (i.e. garage/porch)
B) Proposed structure not under roof _____ SQFT (i.e. open deck)
4. Is the property in a designated wetland? Yes _____ No _____ If Yes, attach Corp. of Engineer's letter or see Zoning
5. How many existing electric meters? _____ How many additional electric meters? _____ # of Stories _____
6. Does the building have an existing fire sprinkler system? _____
7. Will/does the building have a grease trap? Yes ___ No ___ Inside ___ Outside ___ / Size _____
8. The structure to be built will be _____ Feet in height, _____ Feet from the front property line, _____ Feet from side and _____ Feet from the rear property lines or streets. (See attached Development Guidelines)
9. Will there be Container (dumpster) Use? Yes _____ No _____
If Yes, Provide Container Type/Size/# to be used _____
For Container Compliance: See Town of Thunderbolt Zoning Ordinances, Article XI.
10. Are all requirements from Building Application Checklist attached? Yes _____ No _____
If No, please explain _____

WHOM DO WE CONTACT FOR DESIGN EXPLANATIONS?

NAME: _____ TEL. NO.: _____
ADDRESS: _____ FAX NO.: _____
E-MAIL ADDRESS: _____

IV. FLOOD INSURANCE AND FLOOD ZONES

A. The 50% Rule. (For substantially improved or substantially damaged dwellings): If the structure is in a flood zone, to meet the requirements of the NFIP, you must check the estimate of your repairs (labor, materials & P&O) against the fair market value (FMV) of your structure. If your repairs or renovations over a five (5) year period amount to more than 50% of the FMV, you must submit a Flood Elevation Certificate, signed by a registered surveyor, that the existing lowest floor or horizontal structural member is above the area's flood elevation plus one foot. **If the structure's existing lowest floor elevation is below the designated flood elevation, IT MUST BE RAISED TO THE PROPER ELEVATION.**

B. FLOOD INFORMATION

1. The property is in Flood Zone: X _____ A _____ AE _____ VE _____ LOMA _____
2. The property FIRM Map Number is: **13051C- -F**, revision date is: 9/26/2008.
3. The Finished Floor Elevation of the structure's lowest floor: _____
4. The elevation of the structure's lowest horizontal structural member: _____

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Permit # ____ - ____
Date _____

V. 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 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 penalty as provided by law and ordinance. I further hereby accept responsibility for obtaining all required intermediate inspections and requesting final inspection upon completion of construction.

The signer of this document has verified access to town water and sewer services for this property. Any necessary connection and requirements for service has been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review.

Printed Name of Applicant
(Not Company Name)

Signature of Applicant

Date

FOR OFFICE USE ONLY

Flood Zone: _____

BFE Cert. Needed: _____

Occup. Type: _____

Constr. Type: _____

Square Footage: _____

Zoning District: _____

of Stories: _____

PLANS REVIEWED BY:

FLOOD: _____

FIRE: _____

FEES:

TOTAL PERMIT \$ _____

ZONING: _____

BUILDING: _____

APP. FEE DUE \$ _____

TRAFFIC: _____

LIFESAFETY: _____

APP. FEE PAID \$ _____

TOWN ENGINEER: _____

ELECTRICAL: _____

CHECK/MO # _____

PLUMBING: _____

MECHANICAL: _____

REMAINING BAL \$ _____

WATER / SEWER: _____

COUNCIL: _____

REMAINING PAID \$ _____

CHECK/MO # _____

PLAN APPROVAL:

Building Inspector: _____

Date: _____

COMMERCIAL PLAN COUNCIL APPROVAL:

MAYOR _____

COUNCIL MEMBER _____

COUNCIL MEMBER _____

COUNCIL MEMBER _____

COUNCIL MEMBER _____

COUNCIL MEMBER _____

COUNCIL MEMBER _____