

BUILDING PERMIT APPLICATION



Please print clearly and fill in all that apply.
 City of Baxley: 912-367-8300
 Fax: 912-367-8304

PROJECT ADDRESS:				
<input type="checkbox"/> PROJECT OWNER	<input type="checkbox"/> TENANT	<input type="checkbox"/> ARCHITECT	<input type="checkbox"/> DESIGNER	<input type="checkbox"/> 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:		
<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> OWNER-BUILDER		
LICENSE#:	LICENSE CLASS:	PHONE #:		
COMPANY/NAME:		FAX #:		
ADDRESS:		E-MAIL ADDRESS:		
CITY/STATE/ZIP:		BUSINESS LICENSE #:		
<input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> 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: \$				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> NONRESIDENTIAL	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> TERMITE/DRY ROT REPAIR	<input type="checkbox"/> DEMOLISH
<input type="checkbox"/> MOVE BUILDING	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> CHIMNEY REPAIR
<input type="checkbox"/> TEBANT IMPROVEMNT	<input type="checkbox"/> FIRE SPRINKLERS	<input type="checkbox"/> SIGN	<input type="checkbox"/> REPAIR/RETROFIT	<input type="checkbox"/> TREE REMOVAL
	<input type="checkbox"/> SWIMMING POOL/SPA	<input type="checkbox"/> FIRE REPAIR		
<input type="checkbox"/> OTHER		<input type="checkbox"/> COMBINATION PERMIT (ADDITIONAL INFORMATION MAY BE REQUIRED)		
DESCRIPTION:				

DESCRIPTION OF BUILDING: (PLEASE FILL-IN AND MARK ALL THAT APPLY)				
<input type="checkbox"/> OFFICE/BANK PROFESSIONAL	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> CONDOMINIUM
<input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> AMUSEMENT/RECREATION	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> APARTMENT BLDG.
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> HISTORICAL	<input type="checkbox"/> EDUCATIONAL/SCHOOL	<input type="checkbox"/> MEDICAL BUILDING
<input type="checkbox"/> CHURCH/ASSEMBLY	<input type="checkbox"/> STORE	<input type="checkbox"/> OTHER		<input type="checkbox"/> CITY/COUNTY OWNED
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:	
<input type="checkbox"/> SEWER	OR	<input type="checkbox"/> SEPTIC	WATER WELL: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR OFFICIAL USE ONLY				
PERMIT FEE: \$				
RECOMMENDED ACTION:	<input type="checkbox"/> APPROVAL		<input type="checkbox"/> DISAPPROVAL	
INSPECTOR:	DATE:			
COMMENTS:				
PAID BY:				
DATE PAID:	CHECK #		RECEIPT #	