New construction permitting process:

- Submit building permit application along with:
  - site plans
  - copy of driver’s license
  - copy of contractors state license
- Review process takes approximately two weeks.
- Once review process is approved, payment of permit is required before permit is issued.

If you have any questions please contact the Permitting Department at 912-367-8300 or by email at miranda@baxley.org.
# BUILDING PERMIT APPLICATION

**PROJECT ADDRESS:**

- **☐ PROJECT OWNER**
- **☐ TENANT**
- **☐ ARCHITECT**
- **☐ DESIGNER**
- **☐ ENGINEER**

**NAME:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**PHONE #:**

**FAX #:**

**E-MAIL ADDRESS:**

**TENANT COMPANY NAME:**

**PHONE #:**

**FAX #:**

**E-MAIL ADDRESS:**

Jurisdictions may require written approval from the owner.

**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:** $

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

☐ 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 BUILDING  ☐ HISTORICAL  ☐ EDUCATIONAL/SCHOOL  ☐ CITY/COUNTY OWNED
- ☐ CHURCH/ASSEMBLY  ☐ STORE  ☐ OTHER

<table>
<thead>
<tr>
<th>BUILDING AREA:</th>
<th>SQ. FT.</th>
<th>BUILDING HEIGHT:</th>
<th>FT</th>
<th>STORIES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXISTING:</td>
<td>FLOOR AREA</td>
<td>GARAGE</td>
<td>OTHER</td>
<td># UNITS</td>
</tr>
<tr>
<td>ADDITIONAL PROPOSED: FLOOR AREA</td>
<td>GARAGE</td>
<td>OTHER</td>
<td># UNITS</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF BEDROOMS:</td>
<td>NUMBER OF BATHROOMS:</td>
<td>TOTAL NUMBER OF ROOMS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOT SIZE (SQ. FT.):</td>
<td>LOT DIMENSION (FRONT/SIDE/REAR):</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>SETBACKS:</td>
<td>FRONT:</td>
<td>REAR:</td>
<td>LEFT:</td>
<td>RIGHT:</td>
</tr>
<tr>
<td>EASEMENTS:</td>
<td>FLOOD ZONE:</td>
<td>ALUC:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- ☐ 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 #