



TO BE COMPLETED BY STAFF IN OFFICE

APPLICATION FOR BUILDING PERMIT
HARRIS COUNTY, GEORGIA

PERMIT #: _____

DATE: ____/____/____

Application is hereby made.
(PRINT)

Map Parcel

PROJECT ADDRESS: _____ LOT #: _____

SUBDIVISION: _____ BLK #: _____

OWNER NAME: _____ PHONE: () _____
(Last) (First) (Middle I)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR: _____ PHONE: () _____

ADDRESS: _____ LICENSE # _____

CITY: _____ STATE: _____ ZIP: _____

S/E: _____ (License #)

TO: Erect [] Alter [] Add [] Repair [] Single Family Dwelling [] Other [] _____

Accessory [] Commercial [] Agricultural Bldg. [] Swimming Pool [] _____ x _____ ft.

Manufactured Housing Unit [] Make/Model _____ Year _____ Size _____ Serial # _____

WORK/DESC: _____

VALUATION: \$ _____

FEES DUE: \$ _____ WATER SUPPLY SEWAGE

SPECIAL CONDITIONS: _____

FEES PAID: \$ _____ Public [] Private [] [] []

Square Footage: _____ Heated _____

USE ZONE: _____ FL. ZONE _____ CONST TYPE: _____

WHITE - FILE

YELLOW - TAX OFFICE

PINK - APPLICANT

***** NOTICE *****

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended, or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction. I acknowledge receipt of inspection procedures for work covered under this permit and grant permission to the Harris County Department of Community Development and its agents to inspect said premises.

Signature of Contractor, Authorized Agent and/or Property Owner in Presence of Notary Public Only

DATE

Address: _____

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public, Harris County, Ga.
My Commission Expires

(Approval)

APPLICATION ACCEPTED BY

PLANS CHECK BY

APPROVED FOR ISSUANCE BY