

City of Maysville 4 Homer Street Maysville, GA 30558	Residential Building Permit Application
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<input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Alteration/ Addition	Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____
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JOB SITE ADDRESS:	PROJECT NAME:
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Use Classification:	Lot/Suite #:	Zoning Class: Map & Parcel:
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Description of Work : _____

Property Owner	Name:		
	Address:	Zip:	Phone: Email:

General Contractor	Name:		Ga License No.:
	Address:	Zip:	Phone: Email:

Building Height: _____	#Bedrooms ____ #Bathrooms ____	Contact Person:
Number of Units: _____	[]Slab []Basement []Crawl	Phone:
Flood Zone: <input type="checkbox"/> yes <input type="checkbox"/> no	Garage: []Attached []Detached	Fax:
		Email:

Total Heated Sq. Ft.: _____ Total Unheated Sq. Ft.: _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.

Signature of Applicant : _____ Date: _____

FOR OFFICE USE ONLY		Code Official Signature:		
Construction Type:		Occupancy:	LDP Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Sq. Footage	Valuation Multiplier	Valuation \$	
Heated				
Unheated				
TOTAL				

Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____