

City of Maysville  
4 Homer Street  
Maysville, GA 30558

### Commercial/Industrial Permit Application Checklist

The following list of documentation is required before a permit will be issued for residential construction. **Incomplete forms will not be processed and will delay permit issuance.** Please return this form with all permit application submittals. All documents must be legible.

- \_\_\_\_\_ Completed building permit application
- \_\_\_\_\_ Contractor licensing documentation (state license card, business license)
- \_\_\_\_\_ Completed trade permit application
- \_\_\_\_\_ Subcontractor licensing documentation (state license card, business license)
- \_\_\_\_\_ GSWCC Level 1A certification (Blue Card)
- \_\_\_\_\_ Six (6) sets of scaled construction drawings (see Plan Submittal Format document)
- \_\_\_\_\_ Site plan: scaled lot drawing with a scaled footprint of structure and any other structure located on property, show building limitations, setback requirements, and erosion sediment control.
- \_\_\_\_\_ One (1) copy set of GSWCC approved ESC plans for initial, intermediate and final phases. (applicable for secondary and tertiary permit holders)
- \_\_\_\_\_ Verification of 911 addressing
- \_\_\_\_\_ Verification of water/sewer connections as applicable
- \_\_\_\_\_ Septic permit (if applicable)
- \_\_\_\_\_ Recorded deed of property
- \_\_\_\_\_ Recorded plat of property
- \_\_\_\_\_ Proof of taxes paid on property

Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

City of Maysville  
4 Homer Street  
Maysville, GA 30558

**Commercial/Industrial  
Building Permit  
Application**

- Building Shell
- Interior Buildout
- Alteration/ Addition

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Permit No. \_\_\_\_\_

Estimated Cost of Construction (Labor and Materials): \$ \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_ **Lot/Suite #:** \_\_\_\_\_ **PROJECT NAME:** \_\_\_\_\_

Use Classification: \_\_\_\_\_ Map and Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Description of Work : \_\_\_\_\_  
\_\_\_\_\_

<b>Property Owner</b>	Name: _____	Phone: _____ Email: _____
	Address: _____	State: _____ Zip: _____

<b>General Contractor</b>	Name: _____	Phone: _____ Email: _____
	GA License Number: _____	
	Address: _____	State: _____ Zip: _____

Building Height: _____	Total Occupancy: _____ persons	Contact Person: _____
Building Area: _____	Sprinklered: <input type="checkbox"/> yes <input type="checkbox"/> no	Phone: _____
Flood Zone: <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Alarm: <input type="checkbox"/> yes <input type="checkbox"/> no	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: _____
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<i>FOR OFFICE USE ONLY</i>		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:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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# HVAC/Fuel Gas Permit Application

- Residential
- Commercial
- Alteration/Repair

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit No. \_\_\_\_\_

Estimated Cost of Construction (Labor and Materials): \$ \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_

**LOT/ SUITE #:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

Property Use: \_\_\_\_\_

Zoning District:  
Map and Parcel: \_\_\_\_\_

Job Description: \_\_\_\_\_  
\_\_\_\_\_

**Property  
Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Trade  
Contractor**

Name: \_\_\_\_\_

State License No.: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Total Electric     Total Gas     Both Gas and Electric

Natural Gas     L.P.G

Number of Tons: \_\_\_\_\_ Number of BTUs: \_\_\_\_\_

FURNACE    MBTU \_\_\_\_\_

Heating and/or Cooling Units: \_\_\_\_\_

FIREPLACE    MBTU \_\_\_\_\_

Supply and Return Drops: \_\_\_\_\_ Exhaust Fans: \_\_\_\_\_

OVEN/RANGE    MBTU \_\_\_\_\_

Grease/Vent Hood: \_\_\_\_\_ Other: \_\_\_\_\_

DRYER    MBTU \_\_\_\_\_

WATER HEATER    MBTU \_\_\_\_\_

**SERVICE PROVIDER:** \_\_\_\_\_

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Signature of Licensed Cardholder or Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Accepted by: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Administrative Fee:

Plan Review Fee:

Permit Fee:

CC Fee:

Total Fee:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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## Plumbing Permit Application

Residential

Commercial

Alteration/Repair

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit No. \_\_\_\_\_

Estimated Cost of Construction (Labor and Materials): \$ \_\_\_\_\_

**JOB SITE ADDRESS:**

**LOT/ SUITE #:**

**PROJECT NAME:**

Property Use:

Zoning District:  
Map and Parcel:

Job Description: \_\_\_\_\_  
\_\_\_\_\_

**Property  
Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Trade  
Contractor**

Name: \_\_\_\_\_

State License No.: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Service:**

Public: [ ] Size: \_\_\_\_\_ Other: \_\_\_\_\_

Private: [ ] Size: \_\_\_\_\_ Septic Tank: \_\_\_\_\_

**Check if Applicable**

[ ] PLUMBING [ ] FIRE SUPPRESSION

Number of Heads: \_\_\_\_\_

**NUMBER OF:** Water Heater: \_\_\_\_\_ Sinks: \_\_\_\_\_

Dishwasher: \_\_\_\_\_ Disposal: \_\_\_\_\_

Toilets: \_\_\_\_\_ Separate Showers: \_\_\_\_\_

Tub/Shower Combo: \_\_\_\_\_ Tubs: \_\_\_\_\_

Washer: \_\_\_\_\_ Laundry Tub: \_\_\_\_\_

Hose Bib: \_\_\_\_\_ Other: \_\_\_\_\_

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Signature of Licensed Cardholder or Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Accepted by: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Administrative Fee:

Plan Review Fee:

Permit Fee:

CC Fee:

Total Fee:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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# Electrical Permit Application

Residential

Commercial

Alteration/Repair

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit No. \_\_\_\_\_

Estimated Cost of Construction (Labor and Materials): \$ \_\_\_\_\_

JOB SITE ADDRESS:

LOT/ SUITE #:

PROJECT NAME:

Property Use:

Zoning District:  
Map and Parcel:

Job Description: \_\_\_\_\_

### Property Owner

Name:

Address:

State:

Phone:

Zip:

Email:

### Trade Contractor

Name:

State License No.:

Address:

State:

Phone:

Zip:

Email:

### SERVICE INFORMATION

VOLTAGE: \_\_\_\_\_ PHASE: \_\_\_\_\_ AMPS: \_\_\_\_\_

CONDUCTOR TYPE: \_\_\_\_\_

CONDUCTOR SIZE: \_\_\_\_\_

### METHOD OF ENTERING BUILDING

ABOVE GROUND     UNDERGROUND

### CHECK IF APPLICABLE

TEMPORARY POWER POLE

POWER POLE

CHANGE OF SERVICE

CHANGE PANEL BOX

OTHER (EXPLAIN) \_\_\_\_\_

SERVICE PROVIDER: \_\_\_\_\_

NUMBER OF CIRCUITS: \_\_\_\_\_

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Signature of Licensed Cardholder or Applicant

Date:

### FOR OFFICE USE ONLY

Accepted by:

Construction Type:

Occupancy:

Administrative Fee:

\$ \_\_\_\_\_

Plan Review Fee:

\$ \_\_\_\_\_

Permit Fee:

\$ \_\_\_\_\_

CC Fee:

\$ \_\_\_\_\_

Total Fee:

\$ \_\_\_\_\_