

City of Maysville
4 Homer Street
Maysville, GA 30558

Residential 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, driver's license)
- _____ Completed trade permit application (HVAC, Plumbing, Electrical)
- _____ Subcontractor licensing documentation (state license card, business license, driver's license)
- _____ GSWCC Level 1A certification (Blue Card)
- _____ Two (2) sets of scaled construction drawings with dimensions (foundation plan and detail, floor plan of each level, elevations, and wall details) **1 copy on 8 ½" x 11" for file**
- _____ House location plan: scaled lot drawing with a scaled footprint of house 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
- _____ Septic permit (if applicable)
- _____ Completed water/sewer application (if applicable)
- _____ Recorded deed of property
- _____ Recorded plat of property

Project Address: _____

Applicant Name: _____

Received by: _____ Date: _____

City of Maysville
4 Homer Street
Maysville, GA 30558

**Residential
Building Permit
Application**

- Single Family
- Multi Family
- Alteration/ Addition

Date: ____ / ____ / ____

Permit No. _____

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

JOB SITE ADDRESS:

PROJECT NAME:

Use Classification:

Lot/Suite #:

Zoning Class:
Map & Parcel:

Description of Work : _____

Property Owner

Name:

Address:

Zip:

Phone:

Email:

General Contractor

Name:

Ga License No.:

Address:

Zip:

Phone:

Email:

Building Height: _____

#Bedrooms _____ #Bathrooms _____

Number of Units: _____

[] Slab [] Basement [] Crawl

Flood Zone: yes no

Garage: [] Attached [] Detached

Contact Person:

Phone:

Fax:

Email:

Total Heated Sq. Ft.: _____

Total Unheated Sq. Ft.: _____

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Signature of Applicant :

Date:

FOR OFFICE USE ONLY

Code Official Signature:

Construction Type:

Occupancy:

LDP Required: yes 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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PROPERTY OWNER AFFIDAVIT

NOTICE: The State of Georgia has mandated that all residential contractors be licensed effective July 1, 2008. However, there is an exemption to this law that allows you, as the property owner to act as your own contractor without a license, provided the construction is intended for your own use or occupancy and you have not sold a building or structure and acted as contractor within the prior 24 months. In acting as your own contractor, you are responsible for the supervision and management of all work that is not performed by a licensed contractor. Furthermore, you are responsible for requesting inspections and being on site during inspections if deemed necessary by the inspector. All work must conform to all applicable laws, ordinances, building codes and zoning regulations. Please familiarize yourself with the appropriate codes and laws to insure that all work will be done properly. In the event that you should feel you are unable to comply with the requirements as stated, it will be necessary for you to hire a licensed contractor to complete the job in compliance with all building codes and ordinances in effect.

This form must be completed, signed, notarized and submitted to the Building Official before a permit will be issued. *All information requested on this form is mandatory:*

Jobsite Address: _____

Lot/Bldg/Ste: _____

Owner's Name: _____ **Phone:** _____

Description of Work:

This is to certify that I am responsible for the:

- Electrical** **Plumbing** **Mechanical** **Building** **Low Voltage** **Other**

I certify that I have a working knowledge of all construction codes and ordinances adopted by the City of Maysville relating to this project. In the event there is a change in my status on this project, I understand that I will be held responsible for all indicated work at this job until the Building Official has been notified, in writing, of any change. I understand that this permit may be revoked for false statements or misrepresentation as to the material fact in the permit application on which this permit was based. I further agree to indemnify City of Maysville and its operator from any liability for damages and loss of property if the work performed has not been installed in accordance with the construction codes and ordinances.

SIGNATURE/ DATE: _____ / _____

Sworn to and subscribed before me.

this _____ day of _____, 20____.

(Notary Public – Please notarize with official seal)

CITY OF MAYSVILLE
RIGHT-OF-WAY CONSTRUCTION PERMIT
APPLICATION FORM

Applicant Information	Contractor Information
Applicant Name: _____	Contractor Name: _____
Address: _____ _____	Address: _____ _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Phone: (____) _____	Phone: (____) _____
Fax: (____) _____	Fax: (____) _____
Contact Person Name: _____	Contact Person Name: _____
Contact Person Phone: (____) _____	Contact Person Phone: (____) _____
Email Address: _____	Email Address: _____
Check if any of the following are applicable to Applicant:	
<input type="checkbox"/> Telephone company	
<input type="checkbox"/> Cable service provider	
<input type="checkbox"/> Video service provider	

24-Hour Contact Information
Contact Name: _____ Title: _____
Cell Phone: (____) _____ Email Address: _____

Site/Work Right-of-way Location

Type of Permit (check all that apply)			
<input type="checkbox"/> Shoulder Construction	<input type="checkbox"/> Utility Installation	<input type="checkbox"/> Street Cut	<input type="checkbox"/> Street Bore
<input type="checkbox"/> Lane/Road Closure	<input type="checkbox"/> Private Drive Cut	<input type="checkbox"/> Private Drive Bore	<input type="checkbox"/> Drive Construction
<input type="checkbox"/> Other (please specify) _____			
Describe Scope of Work (size, type, length, etc.) _____ _____ _____ _____			

Project Start / Completion Dates and Estimated Project Cost
Project Start Date: _____ End Date: _____ Estimated Project Cost: \$ _____

Special Provisions

City of Maysville
4 Homer Street
Maysville, GA 30558

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:
Zip: _____

Phone: _____

Email: _____

**Trade
Contractor**

Name: _____

State License No.: _____

Address: _____

State:
Zip: _____

Phone: _____

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:

\$ _____

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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:

\$ _____

City of Maysville
4 Homer Street
Maysville GA 30558

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:
Zip: _____

Phone: _____

Email: _____

**Trade
Contractor**

Name: _____

State License No.: _____

Address: _____

State:
Zip: _____

Phone: _____

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:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

**City of Maysville
4 Homer Street
Maysville GA 30558**

**Demolition
Permit
Application**

Date: ____ / ____ / ____

Permit No. _____

JOB SITE ADDRESS:

Type of Structure:

Zoning District:
Map & Parcel:

Description of Work : _____

Property Owner	Name:	Phone:
	Address:	Email:
Demolition Contractor	Name:	Phone:
	Occupational Tax #:	Email:
	Address:	State: Zip:

Where will debris be taken?

Will there be any mitigation required for asbestos or mold? Yes _____ No _____
If "yes", provide mitigation report.

Are there any other structures on the property? Yes _____ No _____

Is the project site or the area of proposed land disturbing activity with 200 feet of State waters? Yes _____ No _____

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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:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

CITY OF MAYSVILLE WATER AND SEWER DEPARTMENT
NEW CUSTOMER APPLICATION FOR INSTALLATION OF SEWER SERVICE LINE

Name _____

Current Address _____

Address for new service _____

Developer _____ Homebuyer _____

Builder _____ Individual _____

Short side Sewer Tap _____ Long side Sewer tap _____

Amount Due _____

Sewer tap installation will take 10 to 14 days (but may take longer)

Please attach any easements or right of way information that may be required for installation of sewer tap or service. The City of Maysville will not be liable for any property disputes or right of way claims from other property owners.

Customer Signature _____

Date: _____