

RESIDENTIAL TERTIARY PLAN REVIEW APPLICATION & CHECKLIST

Name of Applicant _____

Address of Applicant _____

Contact Number _____ E-mail _____

Property Owner(s) _____

Owner(s) Address _____

Owner(s) Contact Number _____ Email _____

Name of Subdivision _____

Address of Property _____

Lot Number _____ Tax Map & Parcel _____

IF ALL DOCUMENTS ARE NOT SUBMITTED THE PLAN WILL NOT BE REVIEWED

FIRST SUBMITTAL

- Submit the Tertiary Plan Review Application
- Submit GSWCC Checklist
- Submit 4 Complete Sets of the Tertiary Plans

- Submit the Tertiary NOI form and return receipt
- Submit the appropriate fees - \$250/ lot

TOTAL FEES _____

RE-SUBMITTAL (per review comments)

- Submit the Tertiary Plan Review Application
- Submit GSWCC Cover Sheet and Checklist

- Submit 4 Complete Sets of Tertiary Plans

RE-SUBMITTAL (Plans Already Approved with Tertiary Plan Changes)

- Submit the Tertiary Plan Review Application
- Submit 4 Complete Sets of the Tertiary Plans
- Reason for Resubmittal _____

- Submit the appropriate fees - \$250/ lot

TOTAL FEES _____

OFFICE USE ONLY

Date Accepted _____

Accepted By _____

Notes: _____

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 _____

Contact Person:

Number of Units: _____ [] Slab [] Basement [] Crawl

Phone:

Flood Zone: yes 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: yes no

Sq. Footage

Valuation Multiplier

Valuation \$

Heated

Unheated

TOTAL

Administrative Fee:

Building Permit Fee:

Plan Review Fee:

CO Fee:

Total Fee:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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:

\$ _____

City of Maysville
4 Homer Street
Maysville, GA 30558

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: _____ Phone: _____
Zip: _____ Email: _____

Trade Contractor
Name: _____ State License No.: _____
Address: _____ State: _____ Phone: _____
Zip: _____ Email: _____

| | |
|---|---|
| <input type="checkbox"/> Total Electric <input type="checkbox"/> Total Gas <input type="checkbox"/> Both Gas and Electric Number of Tons: _____ Number of BTUs: _____ Heating and/or Cooling Units: _____ Supply and Return Drops: _____ Exhaust Fans: _____ Grease/Vent Hood: _____ Other: _____ | <input type="checkbox"/> Natural Gas <input type="checkbox"/> L.P.G <input type="checkbox"/> FURNACE MBTU _____ <input type="checkbox"/> FIREPLACE MBTU _____ <input type="checkbox"/> OVEN/RANGE MBTU _____ <input type="checkbox"/> DRYER MBTU _____ <input type="checkbox"/> 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: \$ _____ |
|---------------------------------|------------------------------|-------------------------|---------------------|------------------------|