## **BUILDING PERMIT APPLICATION**

PIERCE COUNTY JOINT PLANNING COMMISSION (912) 449-2037, OFFICE / (912) 449-2224, FACSIMILE

## INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA

(Note: Application must be completed in ink. An incomplete application may delay the approval process.)

JOB ADDRESS:	SUITE/APT:					
SUBDIVISION:	PARCEL:	BLOCK:	Lот:			
PROPERTY OWNER:	ADDRESS:		Рн	ONE:		
APPLICANT:	_ADDRESS:			ONE:		
CONTRACTOR:	Address:		Рно	ONE:		
Architect:	Address:		Рн	ONE:		
DESIGNER:	Address:		Рн	ONE:		
Engineer:	Address:		Рн	ONE:		
	SQUARE FEET: HEATE  ADDITION ALTERATION REP.					
	MULTI-FAMILY RESIDENTIAL					
DESCRIPTION OF WORK:						
herein which improliens pursuant to P Georgia Annotated encumbrances there consider contacting may be available ay	nis permit authorizes improve vements may subject such pro art 3 of Article 8 of Chapter . In order to protect any in con, the owner or any person v an attorney or purchasing a c building supply home centers.'	perty to mechar 14 of Title 44 terest in such with an interest it consumer's guide '	nics' and material of the Official Coproperty and to in such property set to the lien laws	lmans' ode of avoid should which		
ALL PROVISIONS OF LAWS, ORDINA ALL PARTIES INVOLVED IN THIS WO AND REGULATIONS. THE GRANTING STATE OR FEDERAL LAW REGULA' REQUIRED FOR THE SUB-CONTRAC' UPON PAYMENT OF AUTHORIZED WORK IS NOT COMME	THAT I HAVE COMPLETED, READ AND EXAMINANCES, POLICIES AND PROCEDURES GOVERNING ORK SHALL COMPLY WITH ALL PROVISIONS OF GOF A PERMIT DOES NOT PRESUME TO GIVE AUTING CONSTRUCTION OR THE PERFORMANCE FORS LISTED ABOVE.  ALL FEES, THIS APPLICATION BECOMES PARTINCED WITHIN SIX MONTHS, OR IF THE WORK IS EMEMOT OF THE WORK. A NEW PERMIT IS REQUIRED.	NG THIS WORK SHALL CO F LOCAL, STATE AND FEE UTHORITY TO VIOLATE O OF CONSTRUCTION. I A OF THE BUILDING PERI S SUSPENDED OR ABANDO	OMPLY WITH WHETHER SP DERAL LAWS, ORDINANCES OR CANCEL THE PROVISION ALSO UNDERSTAND THAT MIT. THE PERMIT BECOME	ECIFIED HEREIN OR NOT.  5, POLICIES, PROCEDURES IS OF ANY OTHER LOCAL, SEPARATE PERMITS ARE  S NULL AND VOID IF THE		
SIGNATURE:	Date:	OWNER	CONTRACTOR	AGENT		
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## FOR OFFICE USE ONLY

FLOOD ZONE:	ZONING CLASS:	DWDA DISTRICT:_	ELEC	TION DISTRICT:	
OCCUPANCY TYPE:	SUB-TYPE:	# OF UNITS:		MAX. OCCUPAN	Г LOAD:
CONST. TYPE:F	HEATED SQ. FT:	_UNHEATED SQ. FT:	# OF BA	ATHS:# O	F BEDROOMS:
# OF STORIES: I	PAVED PARKING SPACES RE	QUIRED:S	SHOWN:	_ Curb Cut Requir	ED:
LOT SIZE: X R	ATIO:SETBAC	KS: FRONT:	_REAR:	LEFT SIDE:	RIGHT SIDE:
SPECIAL APPROVALS: ENG D	DEPTFIRE DEPT	PUB WORKS DEPT_	HEALTH DEPT	DEPT OF LABO	R
DOTSFMOD	RI IMPACT RIR IMPA	ACT OTHER			
COMMENTS:					
APPLICATION ACCEPTED BY	:	DATE:			
Approved By:	DATE:_				
PERMIT ISSUED BY:	DA	те:			
Permit Fee:	PLAN REVIEW/CO FEE:	\$PE	ERMIT #:		

 $After\ Completion,\ Make\ one\ copy\ for\ the\ Applicant\ and\ one\ copy\ for\ the\ Tax\ Assessor,\ Original\ stays\ in\ file$