



P.O. Box 8161, Savannah, GA 31412-8161 912-201-4300 - Fax 912-201-4301

Gregori S. Anderson, CBO Director

Clifford Bascombe, CBO, CFM
Assistant Director

## RESIDENTIAL OR COMMERCIAL ALTERATIONS / REPAIRS / REMODEL PERMIT APPLICATION

Used for buildouts, moving walls, window/door replacements, siding, foundation repair, update what is existing, etc. – do **not** use for additions or changes in building footprint.

### The following information and approvals must be submitted with application:

- 1. Subcontractor list with signatures
- 2. Two sets of construction drawings with typical wall section attached to each set
- 3. Copy of current State of Georgia license and local business license for general contractor and all subcontractors and/or Homeowner Affidavit

P.I.N.:		Obtained from Tax Assessors Office (912) 652-7271	
Project Address:			
Owner:			
Name:		Phone No. (	
Address:			
City:			
Person applying for permi	<u>t:</u>		
Name:		Phone No. (	
Company:			
Address:			
Description of work to be			

<u>Build</u>	ding Type				
□ S	ingle-family house	Duplex/Townhouse	☐ Business	☐ Assembly/Church	n 🗆 Educational
□ F	actory/Industrial 🗆	Hotel/Motel	☐ Apartment/	Townhouse (Units	)
□ C	other				
<u>Cont</u>	tractor:				
Nam	ie:				
Com	pany:				
Addı	ress:				
Ema	il:				
Phor	ne No. ()		Fax No	o. (	
Loca	l License #		State	License #	
<u>Cost</u> Build	ding \$	HVAC	\$		
Plum	nbing \$	Electri	cal \$	Total Cost \$	
not of Cour or and Build on the pern legal requi appr	understood and agree constitute a privilege nty and that any omis ny alteration from the ding Official shall cons ne approval of this ap nits have been obtain lly liable for any violatest a Certificate of O	ed by the undersigned to violate the building sion of or misrepreser its application (includistitute sufficient ground plication. The owner ned and that all requisitions which may occi-	d owner or agenged codes, zoning on tation of fact wing changing sulted for the revocations is listed above with or wi	t that the approval of to ordinance, or other ord ith or without intention becontractors) without ation of any permit issu will be held responsible have been made. The out his or her knowled in when all required ins	this application does dinances of Chatham n of the undersigned the approval of the ued which was based e for insuring that all e owner will be held ge. The owner may
Owr	ner/Agent			Date	



# Chatham County Building Safety & Regulatory Services COMPLETE APPLICATION CHECKLIST AFFIDAVIT

All required approvals must be received when submitting the permit application. If any forms or approvals are missing, all paperwork will be returned to applicant.

Address:		ss: Permit #
R	equi	ired Forms & Documents
Υ	N	N/A
		Signed Application
		Complete Application Checklist Affidavit (this form)
		□ Subcontractor Signature Page
		☐ Homeowner Affidavit
		☐ Copy of Georgia State license and copy of local Georgia business license
		☐ Construction Plans / Drawings – Two copies
	,	Note: Supplemental information may be required during plan review to address deficiencies.
		ant to the requirements established by Georgia Law Section §8-2-26, I am submitting all nents checked "Y" above for review and approval.
Sig	natu	ure Printed Name
Da	te	
	*	*********************
		Office Use Only
Ар	plica	ation:   Complete   Not Complete   Name:
Da	te	





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### **CHATHAM COUNTY SUBCONTRACTOR LIST**

Job Location	
General Contractor	
<u>PLUMBING</u>	Date
I hereby certify that I will perfor	m the plumbing work for the project described above and I
further certify that I have a valic	d Georgia State license and local business license.
Local Business License #	Jurisdiction
	Expires:
Company Name	
Signature	Phone No. ()
Email	
ELECTRICAL	Date
I hereby certify that I will perfor	m the plumbing work for the project described above and I
further certify that I have a valid	d Georgia State license and local business license
	Jurisdiction
	Expires:
Company Name	
	Phone No. ()
Email	
MECHANICAL	Date
I hereby certify that I will perfor	m the plumbing work for the project described above and I
	d Georgia State license and local business license.
•	Jurisdiction
	Expires:
Company Name	
	Phone No. ()
Email	



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### **HOMEOWNER AFFIDAVIT**

Date:	Permit #	
Name:		
Address of Project:		
Description of work		
I do hereby swear that I am the owner of the perform the detailed work on the attached a will be, when the construction is complete)	application. This is a single-	, , ,
I understand it is a violation of State law for me in this task. I understand that any violat voided and the issuance of citation into Mur which could result in my loss of electrical ser	ions of this agreement will be nicipal Court and other legal	e just cause for the permit to be
Signature of Owner:		
NOTARY:		
Subscribed to and sworn before me this	day of	, 20
Notary Public		
My commission expires:		
SEAL		





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### All Developers, Consultants, Contractors, and Property Owners

#### Fees

A non-refundable plan review fee of \$2.00 per thousand dollars of the construction value shall be collected at the time of application. The plan review fee is deducted from the permit fee so there is no increase in the total expense of the permit. Commercial permit fees are assessed at \$7.00 per thousand dollars of construction value.

#### **Permit Posting**

The permit holder or agent shall post the permit on a piece of plywood attached to a two by member, at least three feet above grade and visible from the right-of-way. The permit must be protected and the readability maintained throughout the duration of the project. The permit must be posted from commencement of the work until the Final Inspections have been completed and passed. Failure to post and maintain the permit will result in the schedule inspection being automatically failed and a \$30.00 re-inspected fee assessed at that time. A re-inspection request would be required for the next available day, after the fee is paid. This action is taken in compliance with the Administrative Section of the International Code and State Residential Construction Code.