



**CHATHAM COUNTY DEPARTMENT OF BUILDING
SAFETY & REGULATORY SERVICES**

1117 Eisenhower, Savannah, GA 31406

912-201-4300



Permits are accepted Mon - Fri 8:00am - 3:30pm

Clifford Bascombe, CBO
Director

**NEW RESIDENTIAL/COMMERCIAL
FOUNDATION PERMIT APPLICATION**

The following information and approvals must be submitted with application:

1. Environmental Health approval if a septic tank will be installed
2. Engineering approval for buildings in flood zones
3. Subcontractor list with signatures
4. Two copies of a site plan (not larger than 11 ½ by 17) – separate from construction drawings
5. Two sets of construction drawings with typical wall section attached to each set
6. 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: _____ Flood Zone _____

What will be built on foundation? _____ Foundation SQ FT _____

Owner:

Name: _____

Address: _____

Email: _____ Phone No. (____) _____ - _____

Person applying for permit:

Same as owner: _____ Yes _____ No

Name: _____

Company: _____

Address: _____

Email: _____ Phone No. (____) _____ - _____

General Contractor:

Name: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____ Fax No. (____) _____ - _____

Email: _____

Cost

Building \$ _____ HVAC \$ _____

Plumbing \$ _____ Electrical \$ _____ **Total Cost** \$ _____

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Occupancy when all required inspections have been approved.

Owner/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: Permit #

Required Forms & Documents

Y N

- Signed Application
- Complete Application Checklist Affidavit (this form)
- Site Plan – Two copies (11-1/2 by 17)
- Subcontractor Signature Page
- Homeowner Affidavit
- Copy of Georgia State license and copy of local Georgia business license
- Construction Plans / Drawings – Two copies

All Required Additional Approvals

Y N

- Environmental Health Department (ALL lots that have/will have a septic tank)
- Engineering Department (New construction in a flood zone) - See Subdivision Exceptions

Note: Supplemental information may be required during plan review to address deficiencies.

Pursuant to the requirements established by Georgia Law Section §8-2-26, I am submitting all documents checked “Y” above for review and approval.

Signature Printed Name Date

Office Use Only

Application: Complete Not Complete Name: Date

Environmental Health	Link to septic application: https://www.gachd.org/wp-content/uploads/2019/05/Septic-App-Fillable-1.pdf 1395 Eisenhower Drive, Savannah, GA 912-356-2160
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**Chatham County Department of Building
Safety & Regulatory Services**
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

CHATHAM COUNTY SUBCONTRACTOR LIST

Job Location _____

General Contractor _____

Permit # _____

PLUMBING Date _____

I hereby certify that I will perform the plumbing work for the project described above and I further certify that I have a valid Georgia State license and Local Business Tax Certification (license).

Local Business License # _____ Jurisdiction _____

State License # _____ Expires: _____

Company Name _____

Signature _____ Phone No. (_____) _____ - _____

Email _____

ELECTRICAL Date _____

I hereby certify that I will perform the electrical work for the project described above and I further certify that I have a valid Georgia State license and Local Business Tax Certification (license).

Local Business License # _____ Jurisdiction _____

State License # _____ Expires: _____

Company Name _____

Signature _____ Phone No. (_____) _____ - _____

Email _____

MECHANICAL Date _____

I hereby certify that I will perform the mechanical work for the project described above and I further certify that I have a valid Georgia State license and Local Business Tax Certification (license).

Local Business License # _____ Jurisdiction _____

State License # _____ Expires: _____

Company Name _____

Signature _____ Phone No. (_____) _____ - _____

Email _____



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Director

Clifford Bascombe, CBO, CFM
Assistant Director

HOMEOWNER AFFIDAVIT

Date: _____ Permit # _____

Name: _____

Address of Project: _____

Description of work _____

I do hereby swear that I am the owner of the above referenced dwelling and am requesting the right to perform the detailed work on the attached application. This is a single-family dwelling and I am now (or will be, when the construction is complete) residing at the location.

I understand it is a violation of State law for me to hire anyone, other than a licensed contractor, to assist me in this task. I understand that any violations of this agreement will be just cause for the permit to be voided and the issuance of citation into Municipal Court and other legal action may be taken against me which could result in my loss of electrical service.

Signature of Owner:

NOTARY:

Subscribed to and sworn before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____

SEAL