



**Chatham County Department of Building
Safety & Regulatory Services**
1117 Eisenhower Dr Ste D Savannah, GA 31406
912-201-4300



**Clifford Bascombe, CBO
Director**

30 DAY POD PERMIT APPLICATION

P.I.N.: _____

Address: _____

Person pplying for permit:

Name: _____

Phone: _____

Email: _____

DATES

START: _____

END _____

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 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.

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Owner/Agent _____

Date _____