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

MEMBER ICC INTERNATIONAL CODE COUNCIL®

Permit applications are accepted Mon - Fri 8:00am-3:30pm ONLY

Clifford Bascombe, CBO
Director

DCA MODULAR OFFICE PERMIT APPLICATION

P.I.N.:_____ *Obtained from Tax Assessors Office (912) 652-7271.*

Project Address: _____

Person applying for permit:

Name: _____ Phone (_____)_____-_____

Company: _____

Address: _____

Contractor/ Mover:

Name: _____

Company: _____

Address: _____

Details

Make: _____ Year/Model: _____

Serial or ID number: _____

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.

Owner/Agent _____ Date_____

Chatham County Building Safety & Regulatory Services

APPLICATION CHECKLIST AFFIDAVIT

FOR DCA MODULAR HOMES

Address: _____ Permit # _____

Required Forms & Documents

Y	N	
☐	☐	Signed Application
☐	☐	Application Checklist Affidavit *(this form)*
☐	☐	Site Plan – Two copies (11-1/2 by 17)
☐	☐	Subcontractor Signature Page *(next page)*

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_____

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CHATHAM COUNTY SUBCONTRACTOR LIST

Contractor/ Mover: Date _____
Name: _____
Company: _____
Address: _____
Email: _____
Phone No. (_____)_____-_____ State License #_____
Local License #_____ Jurisdiction _____
Signature_____

Electrician: Date _____
Name: _____
Company: _____
Address: _____
Email: _____
Phone No. (_____)_____-_____ Fax No. (_____)_____-_____
I hereby certify that I will perform the electrical work for the project described above and I further certify that I have a valid State and Local Business License

Local License #_____ Jurisdiction _____
State License #_____
Signature_____