



## RESIDENTIAL BUILDING PERMIT APPLICATION

### Cities of Jefferson & Talmo

**Applicant:**

**Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Site Information:**

**Property/Site Address:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Tax Map/Parcel:** \_\_\_\_\_ **Located Within Historic District?** Yes ☐ No ☐

**Property Owner:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Owner Email:** \_\_\_\_\_

**Building Information: (attach water receipt and septic approval if applicable)**

**Estimated Construction Cost:** \_\_\_\_\_ **Description of Work:** \_\_\_\_\_

**Type of Structure:** \_\_\_\_\_ **Stories:** \_\_\_\_\_ **Bedrooms:** \_\_\_\_\_ **Bathrooms:** \_\_\_\_\_

**Finished Sq. Ft.:** \_\_\_\_\_ **Unfinished Sq. Ft.:** \_\_\_\_\_ **Garage/Accessory Sq. Ft.:** \_\_\_\_\_

**Electrical Provider:** ☐ Jackson EMC ☐ Georgia Power **Electrical Panel Size:** \_\_\_\_\_

**Water Provider:** ☐ Jefferson ☐ JCWSA **Number of Plumbing Fixtures:** \_\_\_\_\_

**Served by:** ☐ Gas ☐ Electric ☐ Combination **Tons (Electric):** \_\_\_\_\_ **BTU's:** \_\_\_\_\_

**Served by:** ☐ Sewer ☐ Septic

**Contractor Information: (Include a Sub-Contractor Affidavit and State License for each trade)**

<b>General Contractor:</b> _____	<b>Contact Name:</b> _____
<b>Email Address:</b> _____	<b>Contact #:</b> _____
<b>Electrical Contractor:</b> _____	<b>Contact Name:</b> _____
<b>Email Address:</b> _____	<b>Contact #:</b> _____
<b>Plumbing Contractor:</b> _____	<b>Contact Name:</b> _____
<b>Email Address:</b> _____	<b>Contact #:</b> _____
<b>Mechanical Contractor:</b> _____	<b>Contact Name:</b> _____
<b>Email Address:</b> _____	<b>Contact #:</b> _____

*I hereby make application for a building permit to perform work as described above, and if the permit is granted I agree to comply with all applicable and pertinent governing regulations and ordinances pertaining to and in accordance with any plans submitted. I understand failure to comply with these regulations could result in revocation of the permit.*

\_\_\_\_\_  
Applicant\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**For Office Use Only**

**Permit Number:** \_\_\_\_\_ **Zoning:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_

**Setbacks:** F: \_\_\_\_\_ S: \_\_\_\_\_ R: \_\_\_\_\_ **Impact Fee Required?:** ☐ Yes ☐ No