

**APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA**

APPLICATION NO. _____ ZONING CERTIFICATE _____ PERMIT NO. _____ FEE \$ _____ REC. _____

I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

ERECT _____ MAKE ADDITION _____ REMODEL _____ REPAIR _____ OTHER _____
 SINGLE FAMILY _____ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) _____

APPLICANT _____ MAILING ADDRESS _____

TELEPHONE _____ CITY _____ ST _____ ZIP _____

PROPERTY OWNER _____ BUILDING ADDRESS _____

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)

TAX MAP REFERENCE _____ BLOCK _____ PARCEL _____ LOT _____ ZONING DISTRICT _____

LOT DESCRIPTION: ACRES _____ FRONT FEET _____ DEPTH OF SIDE _____

IS PROPERTY LOCATED IN A FLOOD ZONE: Y ___ N ___ (ATTACH COPY OF APPROVED SITE PLAN)

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ _____

BUILDING INFORMATION

(Please fill in completely and accurately with all applicable information.)

LENGTH _____	SQ.FOOTAGE HEATED _____	NO. BATHS _____
WIDTH _____	SQ.FOOTAGE GARAGE _____	NO.BEDROOMS _____
STORIES _____	SQ.FOOTAGE CARPORT _____	TOTAL ROOMS _____
1 ST FLOOR SQ. FT. _____	SQ.FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE _____
FIREPLACE: Y N	SQ.FOOTAGE BASEMENT _____	

FOUNDATION: BASEMENT _____ CRAWL SPACE _____ SLAB _____ BLOCK _____ POURED WALLS _____ PIERS/SKIRTING _____

INTERIOR WALLS: DRYWALL _____ WOOD _____ PANEL _____ OTHER _____ **ATTIC AREA:** FINISHED _____ UNFINISHED _____

FLOOR FINISH: CARPET _____ VINYL _____ TILE _____ HARDWOOD _____ OTHER _____ **FIREPLACE:** MASONRY _____ INSERT _____

ROOF TYPE: GABLE _____ HIP _____ OTHER _____ **ROOF PITCH:** _____ **ROOFING:** SHINGLES _____ METAL _____ OTHER _____

EXTERIOR FINISH: WOOD _____ MASONITE _____ BRICK _____ VINYL _____ HARDBOARD _____ STUCCO _____ OTHER _____

HEATING SYSTEM: CENTRAL HEAT _____ CENTRAL AIR _____ HEAT PUMP _____ OTHER _____

SANITATION: SEPTIC TANK _____ (attach copy of Health Dept Permit) PUBLIC SEWER _____ **WATER:** PUBLIC _____ PRIVATE _____

PLUMBING: (please give number of each) TUBS _____ SHOWERS _____ TUB/SHOWER _____ LAVATORIES _____ TOILETS _____

KITCHEN SINKS _____ WATER HEATER _____ DISHWASHER _____ FLOOR DRAINS _____ WASHING MACHINE _____ OTHER _____

SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)

LENGTH _____ WIDTH _____ ODD SHAPE _____ VINYL _____ GUNITE _____ FIBERGLASS _____

MANUFACTURED HOME INFORMATION: OWNER OF HOME _____

MANUFACTURER _____ MODEL NAME _____ SERIAL NO. _____

YEAR MODEL _____ DATE OF PURCHASE _____ PURCHASED FROM _____

IS THIS AN APPROVED INDUSTRIAL BUILDING: Y N BUILDING CLASS _____ SEPTIC TANK APPROVAL: Y N

SITE PLAN ATTACHED: Y N ANSI INSPECTION REQUIRED: Y N ANSI INSPECTION COMPLETED _____

ANSI INSPECTION COMPLETED BY _____ MOVING COMPANY _____

INSTALLER _____ ADDITIONAL REQUIREMENTS FOR APPROVAL OF PERMIT: _____

BEFORE PERMANENT POWER CAN BE APPROVED, THE FOLLOWING ITEMS MUST BE COMPLETED: PERMANENT FOUNDATION; MINIMUM 4'X4' FRONT AND BACK PORCH, ATTACHED; 4:12 ROOF PITCH; REMOVAL OF TONGUE, AXLES, TRANSPORTING LIGHTS, AND TOWING APPARATUS

ENERGY CODE COMPLIANCE METHOD: Prescriptive (code) Performance (Annual Study)

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD _____ MINIMUM SIDEYARD _____ MINIMUM REARYARD _____ BUFFER _____

SCREENING REQUIRED _____

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE THAT I UNDERSTAND AND WILL IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ZONING ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT BEAR AN ORIGINAL OF MY SIGNATURE.

APPLICANT _____
DATE

For office use only:

This application for Zoning Certificate is: Approved _____ Disapproved _____

Comment _____

Administrative Officer _____ Date _____

This application for Building Permit is: Approved _____ Disapproved _____

Comments _____

Building Official _____ Date _____

A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED.

THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIFIED HEREIN. REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRECTNESS OF THE INFORMATION CONTAINED IN THE COUNTY'S APPRAISAL RECORD FOR THE PROPERTY.