

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

APPLICATION NO. 12065 ZONING CERTIFICATE 109601 PERMIT NO. 31647 FEE \$ 741.32 REC. 944265

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) New Single Family Home

APPLICANT Silverstone Residential LLC MAILING ADDRESS P.O. Box 2423
TELEPHONE 678 764-7392 Scott Sibley CITY Alpharetta ST GA ZIP 30023
PROPERTY OWNER Silverstone Residential LLC BUILDING ADDRESS 119 Westbury Dr

Westbury St

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

TAX MAP REFERENCE 248F BLOCK 01 PARCEL 248F01 LOT 10 ZONING DISTRICT R4
LOT DESCRIPTION: ACRES 29.293 sf FRONT FEET 41.1 / 100.01 DEPTH OF SIDE 33.5 218.81'
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 159,000.

BUILDING INFORMATION

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

LENGTH <u>44.4</u>	SQ. FOOTAGE HEATED <u>2573</u>	NO. BATHS <u>2.5</u>
WIDTH <u>40</u>	SQ. FOOTAGE GARAGE <u>423</u>	NO. BEDROOMS <u>4</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>6</u>
1 st FLOOR SQ. FT. <u>1189</u>	SQ. FOOTAGE PORCHES <u>260</u>	TOTAL SQ. FOOTAGE <u>3256</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	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 8/12 & 10/12 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 1 SHOWERS 1 TUB/SHOWER 1 LAVATORIES _____ TOILETS 3
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 4 WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12064 ZONING CERTIFICATE 109600 PERMIT NO. 31646 FEE \$ 645.40 REC. 944265

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) New Single Family Home

APPLICANT Silverstone Residential LLC MAILING ADDRESS P.O. Box 2423
TELEPHONE 678 764-7392 Scott Sibley CITY Alpharetta ST GA ZIP 30023
PROPERTY OWNER Silverstone Residential LLC BUILDING ADDRESS 117 Westbury Dr

Westbury St

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

TAX MAP REFERENCE 248 F BLOCK 01 PARCEL 248F01009 LOT 9 ZONING DISTRICT R4
LOT DESCRIPTION: ACRES 24.673 sf .57 FRONT FEET 41.0 / 100.01' DEPTH OF SIDE 33.5 218.81

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 159,000.

BUILDING INFORMATION

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

LENGTH <u>39.10</u>	SQ. FOOTAGE HEATED <u>2120</u>	NO. BATHS <u>2.5</u>
WIDTH <u>40</u>	SQ. FOOTAGE GARAGE <u>440</u>	NO. BEDROOMS <u>3</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>5</u>
1 st FLOOR SQ. FT. <u>963</u>	SQ. FOOTAGE PORCHES <u>260</u>	TOTAL SQ. FOOTAGE <u>2820</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	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 8/12 & 10/12 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 1 SHOWERS 1 TUB/SHOWER 1 LAVATORIES _____ TOILETS 3

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 4 WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12063 ZONING CERTIFICATE 109599 PERMIT NO. 316AS FEE \$ 687.64 REC. 944265

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) New Single Family Home

APPLICANT Silverstone Residential LLC MAILING ADDRESS P.O. Box 2423
TELEPHONE 678 764-7392 Scott Sibley CITY Alpharetta ST GA ZIP 30023
PROPERTY OWNER Silverstone Residential LLC BUILDING ADDRESS 115 Westbury Dr

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

TAX MAP REFERENCE 248 F BLOCK 01 PARCEL 248 F 01 LOT 8 ZONING DISTRICT R4
LOT DESCRIPTION: ACRES 20.286 sf .47 FRONT FEET 41.0 88.93' DEPTH OF SIDE 30.3 200.72'

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 159,000.

BUILDING INFORMATION

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

LENGTH <u>41.9</u>	SQ. FOOTAGE HEATED <u>2330</u>	NO. BATHS <u>2.5</u>
WIDTH <u>40</u>	SQ. FOOTAGE GARAGE <u>422</u>	NO. BEDROOMS <u>4</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>6</u>
1 st FLOOR SQ. FT. <u>1065</u>	SQ. FOOTAGE PORCHES <u>260</u>	TOTAL SQ. FOOTAGE <u>3012</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	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 8/12 & 10/12 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 1 SHOWERS 1 TUB/SHOWER 1 LAVATORIES _____ TOILETS 3

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 4 WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12031 ZONING CERTIFICATE 109567 PERMIT NO. 31613 FEE \$ 307.00 REC. 094666G

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) POLE BARN FOR STORAGE

APPLICANT H+G CONSTRUCTION ENTERPRISES MAILING ADDRESS 740 MOON RD
TELEPHONE 404-787-4412 CITY GRIFIN ST GA ZIP 30223
PROPERTY OWNER PAT MOORE BUILDING ADDRESS 738 MOON RD

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

TAX MAP REFERENCE 264 BLOCK 01 PARCEL 024 LOT _____ ZONING DISTRICT AC-1
LOT DESCRIPTION: ACRES 57.37 FRONT FEET 1,081 DEPTH OF SIDE 1128
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 30,000

BUILDING INFORMATION

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

LENGTH <u>40 ft.</u>	SQ. FOOTAGE HEATED <u>NA</u>	NO. BATHS <u>NA</u>
WIDTH <u>30 ft.</u>	SQ. FOOTAGE GARAGE <u>1520</u>	NO. BEDROOMS <u>NA</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>NA</u>	TOTAL ROOMS <u>1</u>
1 st FLOOR SQ. FT. <u>1520</u>	SQ. FOOTAGE PORCHES <u>NA</u>	TOTAL SQ. FOOTAGE <u>1520</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>NA</u>	

FOUNDATION: BASEMENT ☐ CRAWL SPACE ☐ SLAB ☒ BLOCK ☐ POURED WALLS ☐ PIERS/SKIRTING ☐
INTERIOR WALLS: DRYWALL ☐ WOOD ☐ PANEL ☐ OTHER metal ATTIC AREA: FINISHED ☐ UNFINISHED ☐
FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☐ OTHER _____ FIREPLACE: MASONRY ☐ INSERT ☐
ROOF TYPE: GABLE ☐ HIP ☐ OTHER _____ ROOF PITCH 3/12 ROOFING: SHINGLES ☐ METAL ☒ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☐ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER metal
HEATING SYSTEM: CENTRAL HEAT ☐ CENTRAL AIR ☐ HEAT PUMP ☐ OTHER NA
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 _____

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

APPLICATION NO. 12032 ZONING CERTIFICATE 104567 PERMIT NO. 31614 FEE \$564.50 REC. 944225

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 X
(give a brief description of remodel/repair/other work) Verizon Wireless Co Location

APPLICANT Jake Brown / Summitt Cellular Inc. MAILING ADDRESS po box 330
TELEPHONE 404-391-6737 CITY Cleveland ST GA ZIP 30528
PROPERTY OWNER Danny C Meadows BUILDING ADDRESS 651 Tomochichi Rd Griffin Ga

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

TAX MAP REFERENCE 218 BLOCK 01 PARCEL 003pt LOT _____ ZONING DISTRICT AR-1
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): \$ 65,000.00

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 <input type="checkbox"/> N <input type="checkbox"/>	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 _____

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

APPLICATION NO. 17033 ZONING CERTIFICATE 109569 PERMIT NO. 31615 FEE \$ 211.00 REC. 944226

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 SIGN PERMIT _____
(give a brief description of remodel/repair/other work) Retrofit existing monument sign, install new gas canopy signs

APPLICANT Total Imaging Inc MAILING ADDRESS 2054 Atlas Circle
TELEPHONE 770-536-7906 CITY Gainesville ST GA ZIP 30501
PROPERTY OWNER AKSA INC BUILDING ADDRESS 3425 Jackson Rd, Griffin, GA

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

TAX MAP REFERENCE 210 BLOCK 01 PARCEL 21001022 LOT 086 ZONING DISTRICT 02 C-1
LOT DESCRIPTION: ACRES 1.31 FRONT FEET 350 DEPTH OF SIDE 272

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 18,000.00

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 _____
1ST 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 _____

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

APPLICATION NO. 12034 ZONING CERTIFICATE 109570 PERMIT NO. 31616 FEE \$ 776.08 REC. 075471

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 JMC Homes, Inc. (MATH-CAGE) MAILING ADDRESS PO Box 1685
TELEPHONE (404) 569-4337 CITY McDonough ST GA ZIP 30253
PROPERTY OWNER ANDREW LAVASSER BUILDING ADDRESS 1742 N. WALKER'S MILL RD GRIFFIN

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

Forest grove s/d

TAX MAP REFERENCE 204 BLOCK 01 PARCEL 011C LOT # ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 23 FRONT FEET 447' DEPTH OF SIDE 2254

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 275,000

BUILDING INFORMATION

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

LENGTH <u>42'4"</u>	SQ. FOOTAGE HEATED <u>2910</u>	NO. BATHS <u>3.5</u>
WIDTH <u>57'</u>	SQ. FOOTAGE GARAGE <u>N/A</u>	NO. BEDROOMS <u>5</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT <u>N/A</u>	TOTAL ROOMS <u>8</u>
1 st FLOOR SQ. FT. <u>1544</u>	SQ. FOOTAGE PORCHES <u>504</u>	TOTAL SQ. FOOTAGE <u>3414</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>N/A</u>	

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 4:12 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 0 SHOWERS 2 TUB/SHOWER 2 LAVATORIES 8 TOILETS 4

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12035 ZONING CERTIFICATE 109571 PERMIT NO. 31617 FEE \$ 2208.78 REC. 944227

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 Robert Graham Homes Inc MAILING ADDRESS P.O. Box 422
TELEPHONE 770-527-436 CITY Senoia ST Ga. ZIP 30276
PROPERTY OWNER Patsy Goolsby BUILDING ADDRESS 2409 Hollonville Rd.

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

TAX MAP REFERENCE 285 BLOCK 01 PARCEL 010 LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 16.88 FRONT FEET 1291' DEPTH OF SIDE 1478'
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☒ N ☐ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ \$600,000.00

BUILDING INFORMATION

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

LENGTH <u>62'</u>	SQ. FOOTAGE HEATED <u>4940</u>	NO. BATHS <u>4 1/2</u>
WIDTH <u>102'</u>	SQ. FOOTAGE GARAGE <u>1080</u>	NO. BEDROOMS <u>5</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT <u>N/A</u>	TOTAL ROOMS <u>10</u>
1 st FLOOR SQ. FT. <u>2600</u>	SQ. FOOTAGE PORCHES <u>1479</u>	TOTAL SQ. FOOTAGE <u>4000 9899</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>2400</u>	

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 12/12 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 1 SHOWERS 1 TUB/SHOWER 3 LAVATORIES 8 TOILETS 5
KITCHEN SINKS 2 WATER HEATER 2 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 2 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 _____

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

APPLICATION NO. 12038 ZONING CERTIFICATE 109574 PERMIT NO. 31620 FEE \$ 617.90 REC. 944231

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) New Home Construction

APPLICANT Upscale Homes Inc. MAILING ADDRESS PO Box 252
TELEPHONE 770 318-7014 CITY BROOKS ST GA ZIP 30205
PROPERTY OWNER Upscale Homes BUILDING ADDRESS 1301 Broadleaf Way
Crestwick Phase I
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)

TAX MAP REFERENCE 231 BLOCK 02 PARCEL 069 LOT 69 ZONING DISTRICT R1
LOT DESCRIPTION: ACRES 1.024 AC FRONT FEET 199.20' DEPTH OF SIDE 242.97'
IS PROPERTY LOCATED IN A FLOOD ZONE: Y _____ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 160,000

BUILDING INFORMATION

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

LENGTH <u>54.6</u>	SQ. FOOTAGE HEATED <u>2127</u>	NO. BATHS <u>3</u>
WIDTH <u>56.6</u>	SQ. FOOTAGE GARAGE <u>550</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>9</u>
1 st FLOOR SQ. FT. <u>1759</u>	SQ. FOOTAGE PORCHES <u>18</u>	TOTAL SQ. FOOTAGE <u>2695</u>
FIREPLACE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 10/12 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 1 SHOWERS 1 TUB/SHOWER 2 LAVATORIES 5 TOILETS 3
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS _____ WASHING MACHINE 1 OTHER 2
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) None
LENGTH _____ WIDTH _____ ODD SHAPE _____ VINYL _____ GUNITE _____ FIBERGLASS _____

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

APPLICATION NO. 12037 ZONING CERTIFICATE 109573 PERMIT NO. 31619 FEE \$132.00 REC. 9111228

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) convert carport into habitable space

APPLICANT Xavier Lamb MAILING ADDRESS 4338 Newnan Rd
TELEPHONE 404-707-6566 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Xavier Lamb BUILDING ADDRESS 4338 Newnan Rd

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

TAX MAP REFERENCE 269 BLOCK 02 PARCEL 021 LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 19.68 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): \$ 5,000.00

BUILDING INFORMATION

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

LENGTH <u>21</u>	SQ. FOOTAGE HEATED <u>462</u>	NO. BATHS <u>1</u>
WIDTH <u>22</u>	SQ. FOOTAGE GARAGE <u>0</u>	NO. BEDROOMS <u>1</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>2</u>
1 st FLOOR SQ. FT. <u>n/a</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>462</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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 _____

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

APPLICATION NO. 12036 ZONING CERTIFICATE 109572 PERMIT NO. 31618 FEE \$ 787.30 REC. 089032

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) Build new home

APPLICANT Austin & Morgan Williams MAILING ADDRESS 219 Gilliam Ct
TELEPHONE (770) 408-1393 (678) 967-1944 101st Grove ST. GA ZIP 30248
PROPERTY OWNER Austin & Morgan Williams BUILDING ADDRESS 1015 Dutchman Rd Griffin, GA 30223
(Lot 116B) Oxford Forest S/D

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

TAX MAP REFERENCE 213 A BLOCK 01 PARCEL 0116 pt LOT 116B ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 3.773 FRONT FEET 305.64' DEPTH OF SIDE 540.32'
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☐ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 300,000.00

BUILDING INFORMATION

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

LENGTH <u>59'</u>	SQ. FOOTAGE HEATED <u>2424</u>	NO. BATHS <u>2 1/2</u>
WIDTH <u>71'6"</u>	SQ. FOOTAGE GARAGE <u>600</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>7</u>
1 st FLOOR SQ. FT. <u>2424</u>	SQ. FOOTAGE PORCHES <u>441</u>	TOTAL SQ. FOOTAGE <u>3465</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	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 12/12 ROOFING: SHINGLES ☒ METAL ☐ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☒ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER Hardi Lap
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 1 SHOWERS 1 TUB/SHOWER 1 LAVATORIES 5 TOILETS 3
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS _____ WASHING MACHINE 1 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 _____

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

APPLICATION NO. 17039 ZONING CERTIFICATE 109575 PERMIT NO. 31621 FEE \$ 695.12 REC. 94A236

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 WynnTrac Construction MAILING ADDRESS P.O. Box 425
TELEPHONE 678 961-9159 CITY Zebulon ST GA ZIP 30295
PROPERTY OWNER Jimmy Durden BUILDING ADDRESS 59 Payton Rd Griffin

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

TAX MAP REFERENCE 239 BLOCK 03 PARCEL 23903015 LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 15.6 FRONT FEET 160' DEPTH OF SIDE 929
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 240,000

BUILDING INFORMATION

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

LENGTH <u>66</u>	SQ. FOOTAGE HEATED <u>3215</u>	NO. BATHS <u>4</u>
WIDTH <u>90</u>	SQ. FOOTAGE GARAGE <u>900</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>5</u>
1 st FLOOR SQ. FT. <u>2771</u>	SQ. FOOTAGE PORCHES <u>965</u>	TOTAL SQ. FOOTAGE <u>3046</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	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 10/12 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 1 SHOWERS 1 TUB/SHOWER 3 LAVATORIES 6 TOILETS 4
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 1 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 _____

678-283-8143 call for p/u

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12040 ZONING CERTIFICATE 109576 PERMIT NO. 31622 FEE \$519.12 REC. 074477

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) NEW SFD

APPLICANT Wade Journey Homes MAILING ADDRESS 3091 Governors Lake Dr
TELEPHONE 678 540-1595 CITY Norcross ST Ga ZIP 30071
PROPERTY OWNER Wade Journey Homes BUILDING ADDRESS 322 Sammy Circle (lot 99)

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

TAX MAP REFERENCE 260C BLOCK 01 PARCEL 099 LOT 99 ZONING DISTRICT R-2
LOT DESCRIPTION: ACRES 0.76 FRONT FEET 106.9 DEPTH OF SIDE 326.2
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 125,000.00

BUILDING INFORMATION

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

LENGTH 37.8 SQ. FOOTAGE HEATED 1811 NO. BATHS 3
WIDTH 32 SQ. FOOTAGE GARAGE 407 NO. BEDROOMS 4
STORIES 2 SQ. FOOTAGE CARPORT x TOTAL ROOMS 5
1st FLOOR SQ. FT. 737 SQ. FOOTAGE PORCHES 28 TOTAL SQ. FOOTAGE 2246
FIREPLACE: Y ☐ N ☒ SQ. FOOTAGE BASEMENT x

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 electric
SANITATION: SEPTIC TANK ☐ (attach copy of Health Dept Permit) PUBLIC SEWER ☒ WATER: PUBLIC ☒ PRIVATE _____
PLUMBING: (please give number of each) TUBS _____ SHOWERS _____ TUB/SHOWER 3 LAVATORIES 4 TOILETS 3
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 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 _____

Application for Zoning and Building Permit Spalding County, Georgia

Application #	12042	Zoning Cert.	109578	Permit#	31624	Fee	\$75.00	Receipt #	8078	Date	/11/2020
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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:

Type of Construction	Erect	Use Type	Accessory
Additional Information			
Description Field	Accessory - Pole barn		

Applicant	Janet A Roller	Mailing Address	953 Barnsville Rd
Telephone	678-818-8420	City	Griffin
		State	Ga
		Zip	30224
Property Owner	Janet A Roller	Building Address	953 Barnsville Rd

Building Address Must be Posted on Property Before a Final Inspection will be Completed.

Tax Map Ref. #	224	Block	01	Parcel	012M	Lot	11	Zoning District	AR-1
Lot Description:		Acres	17.07	Front Ft.		Depth of Side			
Is property located in a Flood Zone?		1		Attach copy of Approved Site Plan.					
Estimated Construction Cost to Complete (excluding lot)								\$500.00	

BUILDING INFORMATION

Please fill in completely and accurately with all applicable information.

Length	16	SqFtHeat	0	No. Baths	0
Width	16	SqFtGarage	0	No. Bedrooms	0
Stories	1	SqFtCarport	0	Total Rooms	0
Fireplace	0	SqFtPorches	0	TotalSqFt	256
FoundType	Piers/Skirting	SqFtBasement	0	AttType	Unfinished
Type Roofing	Metal	IntWallType	Other	RoofType	Gable
FloorFinType	Other	FireType		Roof Pitch	
WaterType		ExtFinType		HeatSysType	
SanType					

Attach Copy of Health Department Permit for Septic Tank if Applicable.

PLUMBING

Tubs	0	Kitchen Sinks	0
Showers	0	Water Heater	0
Tub/Shower	0	Dishwasher	0
Lavatories	0	Floor Drains	0
Toilets	0	WashMachine	0
Other		0	

SWIMMING POOL

Attach copy of Health Department approval when septic tank is used on the property.

Length	
Width	
Shape	
Pool Type	

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12046 ZONING CERTIFICATE 109581 PERMIT NO. 31677 FEE \$ 316.00 REC. 020116

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) CONSTRUCT 26'x26' DETACHED GARAGE

APPLICANT JOSH WOODS MAILING ADDRESS 42 WOOD RD
TELEPHONE (770) 229-4957 CITY GRIFFIN ST GA ZIP 30223
PROPERTY OWNER BARRY LOOPER BUILDING ADDRESS 120 BRICE ST.
GRIFFIN, GA

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

TAX MAP REFERENCE 232 BLOCK 02 PARCEL 008 LOT ZONING DISTRICT R-1

LOT DESCRIPTION: ACRES 0.43 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): \$ 28,000

BUILDING INFORMATION

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

LENGTH <u>26'</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>26'</u>	SQ. FOOTAGE GARAGE <u>676</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>1</u>
1 st FLOOR SQ. FT. <u>676</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>676</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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 6/12 ROOFING: SHINGLES ☒ METAL ☐ OTHER ☐

EXTERIOR FINISH: WOOD ☐ MASONITE ☒ BRICK ☒ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER ☐

HEATING SYSTEM: CENTRAL HEAT ☐ CENTRAL AIR ☐ HEAT PUMP ☐ OTHER N/A

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

PLUMBING: (please give number of each) TUBS 0 SHOWERS 0 TUB/SOWER 0 LAVATORIES 0 TOILETS 0

KITCHEN SINKS 0 WATER HEATER 0 DISHWASHER 0 FLOOR DRAINS 0 WASHING MACHINE 0 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 ☐

Pole Sign

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 17044 ZONING CERTIFICATE 109580 PERMIT NO. 31626 FEE \$99⁰⁰ REC. 785988

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 Install Sign

SINGLE FAMILY _____ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL ☒ ACCESSORY _____ OTHER _____

(give a brief description of remodel/repair/other work) Install Pole Sign with Roofing

APPLICANT Lighting Maintenance, Inc MAILING ADDRESS 295 Racetrack Rd

TELEPHONE (770) 898-7010 CITY McDonough ST GA ZIP 30252

PROPERTY OWNER Saundra Wilkinson BUILDING ADDRESS 1761 Zebulon Rd Griffin, GA
30024

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

TAX MAP REFERENCE 233 BLOCK 06 PARCEL 001C LOT 233 ZONING DISTRICT SC-1

LOT DESCRIPTION: ACRES .91 FRONT FEET 183' DEPTH OF SIDE 200'

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 3500⁰⁰

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 <u>752</u>
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 _____

Wall #1

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 17043 ZONING CERTIFICATE 104579 PERMIT NO. 31625 FEE \$83.00 REC. 185488

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 Install Sign
SINGLE FAMILY ☐ MANUFACTURED ☐ MULTI-FAMILY ☐ COMMERCIAL ☒ ACCESSORY ☐ OTHER ☐
(give a brief description of remodel/repair/other work) Install wall sign

APPLICANT Lighting Maintenance Inc MAILING ADDRESS 395 Racetrack Rd
TELEPHONE (770) 898-7010 CITY McDonough ST. GA ZIP 30252
PROPERTY OWNER Sandra Wilkinson BUILDING ADDRESS 1761 Zebulon Rd Griffin G.

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

TAX MAP REFERENCE 233 BLOCK 06 PARCEL 001C LOT 4402 ZONING DISTRICT BCH
LOT DESCRIPTION: ACRES .91 FRONT FEET 183 DEPTH OF SIDE 200
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN) \$1500.00
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$1500.00

BUILDING INFORMATION Wall Sign

(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 <u>120</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	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 ☐

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

APPLICATION NO. 17041 ZONING CERTIFICATE 104517 PERMIT NO. 31623 FEE \$ 736.70 REC. 944241

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) NEW SINGLE FAMILY DWELLING

APPLICANT DAN ROBERTSON MAILING ADDRESS 254 JOE LANE RD
TELEPHONE 678-300-3424 CITY JACKSON ST GA ZIP 30233
PROPERTY OWNER ARVIS ROBINSON BUILDING ADDRESS 777 BARNESVILLE RD

GRIFFIN, GA

Buck Creek Farms

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

AR-1

TAX MAP REFERENCE 224 BLOCK 01 PARCEL 0126 LOT 7 ZONING DISTRICT 22

LOT DESCRIPTION: ACRES 3.43 FRONT FEET 250 DEPTH OF SIDE 560

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 245,000

BUILDING INFORMATION

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

LENGTH <u>66'4"</u>	SQ. FOOTAGE HEATED <u>2337</u>	NO. BATHS <u>3</u>
WIDTH <u>66'4"</u>	SQ. FOOTAGE GARAGE <u>592</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1.5</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>8</u>
1 st FLOOR SQ. FT. <u>1987</u>	SQ. FOOTAGE PORCHES <u>306</u>	TOTAL SQ. FOOTAGE <u>3235</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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 12/12 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 1 SHOWERS _____ TUB/SHOWER 2 LAVATORIES 5 TOILETS 3

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS _____ WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12046 ZONING CERTIFICATE 109582 PERMIT NO. 31628 FEE \$108.00 REC. 012709

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) 12 x 16 shed / 16 x 16 slab

APPLICANT Jared Story MAILING ADDRESS 1207 Hembree Way
TELEPHONE 770-624-4548 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Jared Story BUILDING ADDRESS 1207 Hembree Way

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

TAX MAP REFERENCE 215A BLOCK 01 PARCEL 078 LOT 78 ZONING DISTRICT R-2

LOT DESCRIPTION: ACRES 0.6 FRONT FEET 149.8 DEPTH OF SIDE 200.1

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 1200.00

BUILDING INFORMATION

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

LENGTH <u>12</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>16</u>	SQ. FOOTAGE GARAGE <u>0</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>0</u>
1 ST FLOOR SQ. FT. <u>192</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>192</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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 0 SHOWERS 0 TUB/SHOWER 0 LAVATORIES 0 TOILETS 0

KITCHEN SINKS 0 WATER HEATER 0 DISHWASHER 0 FLOOR DRAINS 0 WASHING MACHINE 0 OTHER 0

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 _____

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

APPLICATION NO. 12047 ZONING CERTIFICATE 109583 PERMIT NO. 31629 FEE \$ 227.00 REC. 944236

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) 30 x 30 STORAGE BUILDING

APPLICANT Stephen Echols MAILING ADDRESS 424 Merrybrook Rd
TELEPHONE 678-6116-6740 CITY Williamson ST GA ZIP 30292
PROPERTY OWNER Stephen Echols BUILDING ADDRESS 424 Merrybrook Rd
Williamson GA 30292

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

TAX MAP REFERENCE 23A BLOCK 03 PARCEL 00115 LOT 0015 ZONING DISTRICT AL-1

LOT DESCRIPTION: ACRES 1.72 FRONT FEET 112.5 DEPTH OF SIDE 589.6

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 20,000.00

BUILDING INFORMATION

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

LENGTH <u>30 ft</u>	SQ. FOOTAGE HEATED <u>Ø</u>	NO. BATHS <u>Ø</u>
WIDTH <u>30 ft</u>	SQ. FOOTAGE GARAGE <u>900</u>	NO. BEDROOMS <u>Ø</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>Ø</u>	TOTAL ROOMS <u>Ø</u>
1 ST FLOOR SQ. FT. <u>900</u>	SQ. FOOTAGE PORCHES <u>Ø</u>	TOTAL SQ. FOOTAGE <u>900</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>Ø</u>	

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 6/12 ROOFING: SHINGLES ☐ METAL ☒ OTHER ☐

EXTERIOR FINISH: WOOD ☐ MASONITE ☐ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☒ OTHER Metal

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 ☐

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

APPLICATION NO. 12048 ZONING CERTIFICATE 109594 PERMIT NO. 31630 FEE \$ 100.00 REC. 110293

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) adding a wall, and creating new bathroom in existing structure

APPLICANT Haven Shoemaker MAILING ADDRESS 812 Tri County Rd
TELEPHONE 678-877-9124 CITY Brooks ST Ga ZIP 30205
PROPERTY OWNER Haven Shoemaker BUILDING ADDRESS 812 Tri County Rd

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

TAX MAP REFERENCE 279 BLOCK 01 PARCEL 011C LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 14.5 FRONT FEET 677.2 DEPTH OF SIDE 1085
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 1000.00

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 <input type="checkbox"/> N <input type="checkbox"/>	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 _____

ELECTRIC - \$25.00 PLUMBING - \$35.00 MECHANICAL - \$25.00 \$337.00 w/TRADES

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 17050 ZONING CERTIFICATE 109580 PERMIT NO. 31632 FEE \$252.00 REC. 052750

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) mother-in-law suite

APPLICANT Juanita Hand MAILING ADDRESS 245 New Salem Rd
TELEPHONE 678-654-6234 leave voicemail CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Juanita Hand BUILDING ADDRESS 245 New Salem Rd

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

TAX MAP REFERENCE 262 BLOCK 03 PARCEL 023 LOT 23 ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 1.01 FRONT FEET 148.1 DEPTH OF SIDE 291

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 20,000.00

BUILDING INFORMATION

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

LENGTH <u>16</u>	SQ.FOOTAGE HEATED <u>750</u>	NO. BATHS <u>1</u>
WIDTH <u>50</u>	SQ.FOOTAGE GARAGE <u>0</u>	NO. BEDROOMS <u>1</u>
STORIES <u>1</u>	SQ.FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>3</u>
1 st FLOOR SQ. FT. <u>800</u>	SQ.FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>800</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ.FOOTAGE BASEMENT <u>0</u>	

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 Split System

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

PLUMBING: (please give number of each) TUBS 0 SHOWERS 0 TUB/SHOWER 1 LAVATORIES 1 TOILETS 1

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 0 FLOOR DRAINS 0 WASHING MACHINE 1 OTHER 0

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 _____

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

APPLICATION NO. 12049 ZONING CERTIFICATE 109585 PERMIT NO. 3061 FEE \$ 388.00 REC. 944246

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) Inground swimming pool

APPLICANT Pike Pools MAILING ADDRESS 181 Arbor View Dr
TELEPHONE 404-532-8090 CITY Williamson ST Ga ZIP 30292
PROPERTY OWNER Pamela J Betsill BUILDING ADDRESS 1948 Steele Rd

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

TAX MAP REFERENCE 254 BLOCK 02 PARCEL 053 LOT 53 ZONING DISTRICT R-4

LOT DESCRIPTION: ACRES 1.34 FRONT FEET 123.4 DEPTH OF SIDE 442.7

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 37,000.00

BUILDING INFORMATION

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

LENGTH <u>36</u>	SQ. FOOTAGE HEATED _____	NO. BATHS _____
WIDTH <u>18</u>	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS _____
STORIES _____	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS _____
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE _____
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	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 36 WIDTH 18 ODD SHAPE _____ VINYL ☒ GUNITE _____ FIBERGLASS _____

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

APPLICATION NO. 12051 ZONING CERTIFICATE 109587 PERMIT NO. 31633 FEE \$ 50⁰⁰ REC. 944248

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 X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER Demolition
(give a brief description of remodel/repair/other work) Demolition of home

APPLICANT Jason Mask & Company Inc MAILING ADDRESS 2509 Lovejoy Road
TELEPHONE 770-210-6690 CITY Hampton ST GA ZIP 30228
PROPERTY OWNER Lovell Camp BUILDING ADDRESS 7305 Newnan Road Brooks, GA 30205

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

TAX MAP REFERENCE 279 BLOCK 01 PARCEL 2790 011R LOT _____ ZONING DISTRICT AT-1
LOT DESCRIPTION: ACRES .09 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): \$ 10,000

BUILDING INFORMATION

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

LENGTH _____ SQ. FOOTAGE HEATED 1800 NO. BATHS _____
WIDTH _____ SQ. FOOTAGE GARAGE _____ NO. BEDROOMS _____
STORIES _____ SQ. FOOTAGE CARPORT _____ TOTAL ROOMS _____
1st 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 _____

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

APPLICATION NO. 12053 ZONING CERTIFICATE 104589 PERMIT NO. 31635 FEE \$ 747.48 REC. 944253

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) NEW SFD

APPLICANT WynnTrac Construction MAILING ADDRESS P.O. Box 425
TELEPHONE 678 961-9159 CITY Zebulon ST GA ZIP 30295
PROPERTY OWNER STS Development Group BUILDING ADDRESS 2720 Williamson Rd Williamson GA

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

TAX MAP REFERENCE 234A BLOCK 04 PARCEL 234A-04-018 LOT 18 ZONING DISTRICT R2
LOT DESCRIPTION: ACRES 2.01 FRONT FEET 250.5 DEPTH OF SIDE 350.7
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 180000

BUILDING INFORMATION

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

LENGTH <u>62.10</u>	SQ. FOOTAGE HEATED <u>2652</u>	NO. BATHS <u>3</u>
WIDTH <u>58.6</u>	SQ. FOOTAGE GARAGE <u>484</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1.5</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>5</u>
1 st FLOOR SQ. FT. <u>1813</u>	SQ. FOOTAGE PORCHES <u>148</u>	TOTAL SQ. FOOTAGE <u>3284</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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 10/12 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 1 SHOWERS 1 TUB/SHOWER 2 LAVATORIES 4 TOILETS 3
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12052 ZONING CERTIFICATE 104588 PERMIT NO. 31634 FEE \$ 822.50 REC. 053700

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 X REPAIR _____ OTHER _____
SINGLE FAMILY X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
(give a brief description of remodel/repair/other work) KITCHEN & BATH REMODEL
NO ADDITIONAL FIXTURES

APPLICANT Adams Commercial Contractors MAILING ADDRESS 1134 Senoia Rd., Bldg B, Ste 1
TELEPHONE 770-231-9041 CITY Tyrone ST GA ZIP 30290
PROPERTY OWNER David & Barbara Komestat BUILDING ADDRESS 106 Agape Street, Williamson, GA

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

WILLIAMSON WOODS PB 17 PG 562 LOT #6

TAX MAP REFERENCE 275 BLOCK 02 PARCEL 006 LOT 6 ZONING DISTRICT RA

LOT DESCRIPTION: ACRES 1.22 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): \$ 101,175.00

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 _____
1st 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 _____

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12056 ZONING CERTIFICATE 109592 PERMIT NO. 30638 FEE \$ 412.00 REC. 944

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 ☐ INST. AU
SINGLE FAMILY ☐ MANUFACTURED ☐ MULTI-FAMILY ☐ COMMERCIAL ☐ ACCESSORY ☒ OTHER ☐
(Give a brief description of remodel/repair/other work) install inground fiberglass pool

APPLICANT Tallman Pools
TELEPHONE 770-478-2257 MAILING ADDRESS 8993 Tara Blvd
PROPERTY OWNER Grayce Rey CITY Jonesboro ST GA ZIP 30236
BUILDING ADDRESS 3600 High Falls Rd

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

TAX MAP REFERENCE 218 BLOCK 02 PARCEL 0216 LOT 216 ZONING DISTRICT AL-1
LOT DESCRIPTION: ACRES 12 FRONT FEET 236.3 DEPTH OF SIDE 623.3
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 40,000.00

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 ☐
1ST 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 40' WIDTH 16' ODD SHAPE ☐ VINYL ☐ GUNITE ☐ FIBERGLASS ☒

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

APPLICATION NO. 12055 ZONING CERTIFICATE 104591 PERMIT NO. 31637 FEE \$ 172.00 REC. 103474

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 Jerry Whitley MAILING ADDRESS 3078 Fossett Road
TELEPHONE (678) 967-0080 CITY Concord ST GA ZIP 30206
PROPERTY OWNER Freeman BUILDING ADDRESS 615 Bellflower Court

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

TAX MAP REFERENCE 311 BLOCK 01 PARCEL 050 LOT 50 ZONING DISTRICT AAR, Conditional

LOT DESCRIPTION: ACRES 0.13 FRONT FEET 41.99 DEPTH OF SIDE 135

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 10,000.00

BUILDING INFORMATION

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

LENGTH _____	SQ. FOOTAGE HEATED _____	NO. BATHS <u>NA</u>
WIDTH _____	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS <u>NA</u>
STORIES <u>NA</u>	SQ. FOOTAGE CARPORT <u>NA</u>	TOTAL ROOMS <u>1</u>
1 st FLOOR SQ. FT. <u>NA</u>	SQ. FOOTAGE PORCHES <u>160</u>	TOTAL SQ. FOOTAGE <u>NA</u>
FIREPLACE: Y <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>NA</u>	

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 _____

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

APPLICATION NO. 12054 ZONING CERTIFICATE 109570 PERMIT NO. 31636 FEE \$ 148.00 REC. 468023

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) addition to existing structure with breezeway to connect pool house

APPLICANT Mark Brack MAILING ADDRESS 1518 Cabin Creek Trail
TELEPHONE 678-898-6886 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Mark Brack BUILDING ADDRESS 1518 Cabin Creek Trail

BRACKINDUSTRIAL@BELL SOUTH.NET

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

TAX MAP REFERENCE 251A BLOCK 02 PARCEL 009 LOT 9 ZONING DISTRICT R-2

LOT DESCRIPTION: ACRES 0.53 FRONT FEET 125.5 DEPTH OF SIDE 203.6

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 7000.00

BUILDING INFORMATION

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

LENGTH <u>56</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>14</u>	SQ. FOOTAGE GARAGE <u>784</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>0</u>
1 st FLOOR SQ. FT. <u>784</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>784</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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 0 SHOWERS 0 TUB/SHOWER 0 LAVATORIES 0 TOILETS 0

KITCHEN SINKS 0 WATER HEATER 0 DISHWASHER 0 FLOOR DRAINS 0 WASHING MACHINE 0 OTHER 0

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 _____

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

APPLICATION NO. 12057 ZONING CERTIFICATE 109593 PERMIT NO. 31639 FEE \$ 83.00 REC. 944256

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) metal carport onto existing building (replacing one that was damaged)

APPLICANT Janey & William Campbell MAILING ADDRESS 208 N McDonough Rd
TELEPHONE 404-317-2512 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Janet & William Campbell BUILDING ADDRESS 208 N McDonough Rd

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

TAX MAP REFERENCE 219 BLOCK 02 PARCEL 013 LOT _____ ZONING DISTRICT R-2
LOT DESCRIPTION: ACRES 1.75 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): \$ 2000.00

BUILDING INFORMATION

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

LENGTH <u>21</u>	SQ. FOOTAGE HEATED _____	NO. BATHS _____
WIDTH <u>22</u>	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS _____
STORIES _____	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS _____
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>462</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	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 0 SHOWERS 0 TUB/SHOWER 0 LAVATORIES 0 TOILETS 0
KITCHEN SINKS 0 WATER HEATER 0 DISHWASHER 0 FLOOR DRAINS 0 WASHING MACHINE 0 OTHER 0
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTH 0 WIDTH 0 ODD SHAPE 0 VINYL 0 GUNITE 0 FIBERGLASS 0

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

APPLICATION NO. 12060 ZONING CERTIFICATE 109596 PERMIT NO. 31642 FEE \$212.00 REC. 944260

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 X REPAIR _____ OTHER _____
SINGLE FAMILY X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
(give a brief description of remodel/repair/other work) adding bathroom to existing garage (within building footprint)

APPLICANT Jack Averett III MAILING ADDRESS 2761 Hwy 16 W
TELEPHONE 770-584-6170 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Jack Averett III BUILDING ADDRESS 2761 Hwy 16 W

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

TAX MAP REFERENCE 238 BLOCK 02 PARCEL 012 LOT _____ ZONING DISTRICT R2 / AR1

LOT DESCRIPTION: ACRES 14 FRONT FEET 527.9 DEPTH OF SIDE 1250

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 15000.00

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 _____
1ST 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 0 SHOWERS 1 TUB/SHOWER 0 LAVATORIES 1 TOILETS 1
KITCHEN SINKS 0 WATER HEATER 0 DISHWASHER 0 FLOOR DRAINS 0 WASHING MACHINE 0 OTHER 0

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 _____

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

APPLICATION NO. 12059 ZONING CERTIFICATE 109595 PERMIT NO. 31641 FEE \$ 99.00 REC. 09/96

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) ADD 12X26 LEAN-TO ON EXISTING 30X50 METAL BUILDING

APPLICANT STEVEN R. PLANT MAILING ADDRESS 215 LENOX CIRCLE
TELEPHONE 678-410-8253 CITY GRIFFIN ST GA ZIP 30224
PROPERTY OWNER STEVEN R. PLANT BUILDING ADDRESS SAME AS ABOVE

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

TAX MAP REFERENCE 235 BLOCK 03 PARCEL 047 LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 2.06 FRONT FEET 265.1 DEPTH OF SIDE 394.8

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 3600.00

BUILDING INFORMATION

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

LENGTH <u>26</u>	SQ.FOOTAGE HEATED _____	NO. BATHS _____
WIDTH <u>12</u>	SQ.FOOTAGE GARAGE _____	NO. BEDROOMS _____
STORIES _____	SQ.FOOTAGE CARPORT _____	TOTAL ROOMS _____
1 st FLOOR SQ. FT. _____	SQ.FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>312</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	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 METAL
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 _____~~

CALL
(770) 231-9041

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

APPLICATION NO. 12058 ZONING CERTIFICATE 109594 PERMIT NO. 31640 FEE \$1,660.04 REC. 9-4-2-59

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) PERMIT RENEWAL OF # 30780

APPLICANT Adams Commercial Contractors MAILING ADDRESS 1134 Senoia Rd., Bldg. B, Ste. 1
TELEPHONE 770-231-9041 CITY Tyrone ST GA ZIP 30290
PROPERTY OWNER Leroy Brown BUILDING ADDRESS 144 Campground Rd

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

TAX MAP REFERENCE 269 BLOCK 01 PARCEL 006A LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 80.52 FRONT FEET 750 DEPTH OF SIDE 3900

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ \$400,000.00

BUILDING INFORMATION

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

LENGTH <u>106</u>	SQ. FOOTAGE HEATED <u>3,582</u>	NO. BATHS <u>2.5</u>
WIDTH <u>80</u>	SQ. FOOTAGE GARAGE <u>1,155</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>8</u>
1 ST FLOOR SQ. FT. <u>3,582</u>	SQ. FOOTAGE PORCHES <u>514</u>	TOTAL SQ. FOOTAGE <u>7,432</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>2,181</u>	

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 8/12 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 0 SHOWERS 1 TUB/SHOWER 1 LAVATORIES 5 TOILETS 4

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS _____ WASHING MACHINE 1 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 _____

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

APPLICATION NO. 12062 ZONING CERTIFICATE 109598 PERMIT NO. 31644 FEE \$ 300.00 REC. 944266

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) 2 car garage

APPLICANT Thomas S. Phillips MAILING ADDRESS 2221 Blanton Mill RD
TELEPHONE 770-468-3557 CITY Williamson ST Ga. ZIP 30292
PROPERTY OWNER Thomas S. Phillips BUILDING ADDRESS Same

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

TAX MAP REFERENCE 272 BLOCK 01 PARCEL 0100 LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 59.42 FRONT FEET 166.7 DEPTH OF SIDE 3250

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 26,000

BUILDING INFORMATION

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

LENGTH <u>26 Feet</u>	SQ. FOOTAGE HEATED _____	NO. BATHS _____
WIDTH <u>26 Feet</u>	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS _____
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS _____
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>676</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	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 ☐ INSE _____

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 _____~~

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

APPLICATION NO. 12061 ZONING CERTIFICATE 109597 PERMIT NO. 31643 FEE \$ 620.76 REC. 944264

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 Matt Stone MAILING ADDRESS 3015 Old Lacey Springs Rd.
TELEPHONE (404) 886-9540 CITY Molena ST GA ZIP 30258
PROPERTY OWNER Michelle Phillips BUILDING ADDRESS 1020 E College St. Gresham GA
139 Hummingbird Hollow

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

TAX MAP REFERENCE 211 BLOCK 01 PARCEL 066 LOT _____ ZONING DISTRICT R-4

LOT DESCRIPTION: ACRES 2.286 FRONT FEET 105' DEPTH OF SIDE 687' / 240'

IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☒ N ☐ (ATTACH COPY OF APPROVED SITE PLAN) NO AAF NEEDED ☒

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 150000

BUILDING INFORMATION

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

LENGTH <u>58'</u>	SQ. FOOTAGE HEATED <u>1670</u>	NO. BATHS <u>2</u>
WIDTH <u>50'</u>	SQ. FOOTAGE GARAGE <u>480</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>—</u>	TOTAL ROOMS <u>8</u>
1 st FLOOR SQ. FT. <u>1670</u>	SQ. FOOTAGE PORCHES <u>303</u>	TOTAL SQ. FOOTAGE <u>2708</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>—</u>	

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 8/12 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 2 SHOWERS 2 TUB/SHOWER 1 LAVATORIES 3 TOILETS 2

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS — WASHING MACHINE 1 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 _____

Address:

Parcel Number(s):

Location Details:

608 Daffodil DR, Griffin Georgia 30223

312 01050

Sun City Lot 050 Pod 08

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐Other

Land Use : Residential

☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
HousingNo of Dwellings :
1

Provide a brief description of the project

Martin Ray / Elevation 4

APPLICANT FIRST
NAME:

Araceli

APPLICANT LAST
NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
PkwY Ste. 600

TELEPHONE:

(678) 373-
7118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

608 Daffodil Dr

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

312

BLOCK:

01

PARCEL:

050

LOT:

05008

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.2122

FRONT
FEET:

49.60

DEPTH
OF
SIDE:

146.28

SUBDIVISION:

Yes

Project Name: 608 Daffodil Dr

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 118309
--	-----------

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	80	SQ. FOOTAGE HEATED	2306	NO. BATHS	2
WIDTH	40	SQ FOOTAGE GARAGE	487	NO. BEDROOMS	3
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	7
1st FLOOR SQ. FT.	2306	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	172
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2965

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab				
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other Stone	ROOF PITCH :	5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other				
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	0		

Address:

Parcel Number(s):

210 Brunswick DR, Griffin Georgia 30223

314 01012

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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

☐ Accessory ☐ Commercial ☐ Industrialized ☐ Manufactured ☐ Multi Family ☒ Single Family ☐ Other

Land Use : Residential

☐ Inside City of Griffin ☒ Outside City of Griffin
☐ Apartment☐ Residential Condominium
☒ Single Family Detached
Housing

 No of Dwellings :
1

Provide a brief description of the project

Steel Creek w/Elevation 7 Plan

APPLICANT FIRST
NAME:

Araceli

APPLICANT LAST
NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
PkwY Ste. 600

TELEPHONE:

(678) 373-
7118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

210 Brunswick Dr

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

TAX MAP
REFERENCE:

314

BLOCK:

01

PARCEL:

012

LOT:

01216

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.1387

FRONT
FEET:

43.51

DEPTH
OF
SIDE:

145.45

SUBDIVISION:

Y

Project Name: 210 Brunswick Dr

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒ No ☐ Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 101489
--	-----------

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	78	SQ. FOOTAGE HEATED	1505	NO. BATHS	2
WIDTH	30	SQ FOOTAGE GARAGE	433	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	5
1st FLOOR SQ. FT.	1505	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	218
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2156

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab				
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Shingles <input checked="" type="checkbox"/> Other		
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other Stone	ROOF PITCH :	5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other				
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	0		

Address:

Parcel Number(s):

538 Inkberry DR, Griffin Georgia 30223

31201041

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐Other

Land Use : Residential

☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
Housing

No of Dwellings : 1

Provide a brief description of the project

MARTIN RAY / ELEVATION 8 PLAN

APPLICANT FIRST
NAME:

ARACELI

APPLICANT
LAST NAME:

DUNN

MAILING ADDRESS:

2475 NORTHWINDS
PKWY., STE. 600

TELEPHONE:

6783737118

CITY:

ALPHARETTA

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:PULTE
HOMEOWNER LAST
NAME:

Company LLC

BUILDING ADDRESS:

538 Inkberry Dr

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

312

BLOCK:

01

PARCEL:

041

LOT:

41

ZONING
DISTRICT:AAR
CONDITION

LOT DESCRIPTION:

ACRES:

.1941

FRONT
FEET:

69.09

DEPTH
OF
SIDE:

133.56

SUBDIVISION:

Y

Project Name: 538 Inkberry Dr

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐YesESTIMATED CONSTRUCTION COST TO COMPLETE (excluding
lot):

\$ 116843

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION

(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)

LENGTH	80	SQ. FOOTAGE HEATED	2174	NO. BATHS	2
WIDTH	40	SQ FOOTAGE GARAGE	619	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	2174	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	172
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2965

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab				
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other STONE	ROOF PITCH :	5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other				
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)

TUBS	1	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	0		

SWIMMING POOL (IF APPLICABLE)

Is this Permit for a Swimming Pool ? ☐Yes ☒No

Address:

1106 High Falls RD, BLDG, Griffin Georgia
30223-4631

Parcel Number(s):

12401002

Location Details:

Adjacent to AMBUCS Park

**APPLICATION FOR ZONING CERTIFICATE AND BUILDING
PERMIT
SPALDING COUNTY, GEORGIA**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 **Demolition**☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐OtherLand Use : **Residentia**☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
Housing

No of Dwellings :

1

Provide a brief description of the project

County substandard housing initiativeAPPLICANT FIRST
NAME:

Spalding

APPLICANT
LAST NAME:

County

MAILING ADDRESS:

P O Box 1087

TELEPHONE:

7704674224

CITY:

Griffin

STATE:

Georgia

ZIP:

30224

OWNER FIRST
NAME:

Spalding

OWNER LAST
NAME:

County

BUILDING ADDRESS:

1106 High Falls Road

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

124

BLOCK:

01

PARCEL:

002

LOT:

ZONING
DISTRICT:

C2

LOT DESCRIPTION:

ACRES:

0.49

FRONT
FEET:

112.7

DEPTH
OF
SIDE:

185.8

SUBDIVISION:

Project Name: County substandard Housing Initiative - 1106 High Falls Rd

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 2500
--	---------

LICENSE TYPE : ☐Contractor☐Limited Specialty / Traditional Specialty / Installer☒Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	56	SQ. FOOTAGE HEATED	0	NO. BATHS	1
WIDTH	40	SQ FOOTAGE GARAGE	0	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	5
1st FLOOR SQ. FT.	1184	SQ. FOOTAGE PATIO(S)	0	SQ. FOOTAGE COVERED PORCHES	0
FIREPLACE:	<input checked="" type="radio"/> No Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	1184

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input type="checkbox"/> Slab		
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input type="radio"/> Insert <input type="radio"/> Masonry
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other	ROOF PITCH :	
HEATING SYSTEM :	<input type="checkbox"/> Central Air <input type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Other n/a		
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	0	TUB/SHOWER	1	LAVATORIES	2
TOILETS	1	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	0
FLOOR DRAINS	0	WASHING MACHINE	0	OTHER	0		

Address:

Parcel Number(s):

428 Golden Rod CT, Griffin Georgia 30223

31201088

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐OtherLand Use : ☒Residentia☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
HousingNo of Dwellings :
1

Provide a brief description of the project

Abbeyville Plan / Elevation 2

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

428 Golden Rod Ct

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

312

BLOCK:

01

PARCEL:

088

LOT:

088

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.1612

FRONT
FEET:

52.0

DEPTH
OF
SIDE:

135.0

SUBDIVISION:

Yes

Project Name: 428 Golden Rod Ct

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 105000

lot):

105360

LICENSE TYPE : ☒Contractor☐Limited Specialty / Traditional Specialty / Installer☐Owner Builder

	BUILDING INFORMATION					
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	58.0	SQ. FOOTAGE HEATED	1655	NO. BATHS	2	
WIDTH	40.0	SQ FOOTAGE GARAGE	517	NO. BEDROOMS	2	
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	5	
1st FLOOR SQ. FT.	1655	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	179	
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2351	

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab		
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other	ROOF PITCH :	5.5
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other		
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	3		

Address:

Parcel Number(s):

149 Little Gem CT, Griffin Georgia 30223

313 01050

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐Other

Land Use : Residential

☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
Housing

No of Dwellings : 1

Provide a brief description of the project

Dunwoody Way / Elevation 7 Plan

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy Ste. 600		
TELEPHONE:	(678) 373-7118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	149 Little Gem Ct		

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

TAX MAP REFERENCE:	313	BLOCK:	01	PARCEL:	050	LOT:	50	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.2507	FRONT FEET:	80.0444444	DEPTH OF SIDE:	129.51	SUBDIVISION:	Yes	

Project Name: 149 Little Gem Ct

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 132330

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION

(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)

LENGTH	77	SQ. FOOTAGE HEATED	2666	NO. BATHS	2.5
WIDTH	54	SQ FOOTAGE GARAGE	547	NO. BEDROOMS	3
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	7
1st FLOOR SQ. FT.	2666	SQ. FOOTAGE PATIO(S)	0	SQ. FOOTAGE COVERED PORCHES	292
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3505

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab		
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Shingles <input checked="" type="checkbox"/> Other
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other stone	ROOF PITCH :	5.5
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other		
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	2	TUB/SHOWER	0	LAVATORIES	4
TOILETS	3	KITCHEN SINKS		WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	3		

SWIMMING POOL (IF APPLICABLE)

Is this Permit for a Swimming Pool ? ☐Yes ☒No

Address:

Parcel Number(s):

419 Golden Rod CT, Griffin Georgia 30223

312 01052

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐OtherLand Use : ☒Residentia☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
HousingNo of Dwellings :
1

Provide a brief description of the project

Martin Ray w/Elevation 3 Plan

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

419 Golden Rod Ct

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

312

BLOCK:

01

PARCEL:

052

LOT:

52

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.1806

FRONT
FEET:

48.89

DEPTH
OF
SIDE:

135

SUBDIVISION:

Yes

Project Name: 419 Golden Rod Ct

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 44784

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	86	SQ. FOOTAGE HEATED	3045	NO. BATHS	3
WIDTH	40	SQ FOOTAGE GARAGE	406	NO. BEDROOMS	4
STORIES	2	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	9
1st FLOOR SQ. FT.	1962	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	240
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3691

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab				
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other	ROOF PITCH :	5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other				
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	2	LAVATORIES	4
TOILETS	3	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

Address:

Parcel Number(s):

217 Brunswick DR, Griffin Georgia 30223

314 01023

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐OtherLand Use : ☒Residentia☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
HousingNo of Dwellings :
1

Provide a brief description of the project

Steel Creek w/Elevation 5 Plan

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

217 Brunswick Dr

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

314

BLOCK:

01

PARCEL:

023

LOT:

23

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.1453

FRONT
FEET:

38.31

DEPTH
OF
SIDE:

150.88

SUBDIVISION:

Y

Project Name: 217 Brunswick Dr

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 22700

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
LENGTH	78	SQ. FOOTAGE HEATED	1355	NO. BATHS	2		
WIDTH	30	SQ FOOTAGE GARAGE	433	NO. BEDROOMS	2		
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	4		
1st FLOOR SQ. FT.	1355	SQ. FOOTAGE PATIO(S)	0	SQ. FOOTAGE COVERED PORCHES	230		
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2018		

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab					
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :		<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :		<input type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :		<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other Stone	ROOF PITCH :		5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other					
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank		WATER :		<input type="radio"/> Private <input checked="" type="radio"/> Public	

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

Address:

Parcel Number(s):

421 Golden Rod CT, Griffin Georgia 30223

312 01053

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐Other

Land Use : Residential

☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
Housing

No of Dwellings :

1

Provide a brief description of the project

Martin Ray w/Elevation 4 Plan

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

421 Golden Rod Ct

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

312

BLOCK:

01

PARCEL:

053

LOT:

53

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

FRONT
FEET:DEPTH
OF
SIDE:

SUBDIVISION:

Y

Project Name: 421 Golden Rod Ct

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 110000

lot):

119821

LICENSE TYPE : ☒Contractor☐Limited Specialty / Traditional Specialty / Installer☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	86	SQ. FOOTAGE HEATED	2174	NO. BATHS	2
WIDTH	40	SQ FOOTAGE GARAGE	538	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	2174	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	362
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3074

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab		
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input type="radio"/> Insert <input type="radio"/> Masonry
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other
EXTERIOR FINISH :	<input type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other Stone	ROOF PITCH :	5.5
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other		
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

Address:

Parcel Number(s):

108 Little Gem CT, Griffin Georgia 30223

31301005

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐OtherLand Use : ☒Residentia☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
HousingNo of Dwellings :
1

Provide a brief description of the project

Dunwoody Way / Elevation 8

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

108 Little Gem Ct

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

313

BLOCK:

01

PARCEL:

005

LOT:

00509

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.1939

FRONT
FEET:

66

DEPTH
OF
SIDE:

128

SUBDIVISION:

Yes

Project Name: 108 Little Gem Ct

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 107005

lot):

12/005

LICENSE TYPE : ☒Contractor☐Limited Specialty / Traditional Specialty / Installer☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	71	SQ. FOOTAGE HEATED	2430	NO. BATHS	3
WIDTH	50	SQ FOOTAGE GARAGE	547	NO. BEDROOMS	3
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	2430	SQ. FOOTAGE PATIO(S)	0	SQ. FOOTAGE COVERED PORCHES	372
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3349

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab				
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other	ROOF PITCH :	5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other				
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	2	LAVATORIES	4
TOILETS	3	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

Address:

Parcel Number(s):

203 Brunswick DR, Griffin Georgia 30223

31401016

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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

☐ Accessory ☐ Commercial ☐ Industrialized ☐ Manufactured ☐ Multi Family ☒ Single Family ☐ Other
Land Use : ☒ Residential
☐ Inside City of Griffin ☒ Outside City of Griffin
☐ Apartment☐ Residential Condominium
☒ Single Family Detached
Housing

 No of Dwellings :
1

Provide a brief description of the project

Taft Street / Elevation 8

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

203 Brunswick Dr

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

314

BLOCK:

01

PARCEL:

016

LOT:

016

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.1306

FRONT
FEET:

42

DEPTH
OF
SIDE:

135.52

SUBDIVISION:

Yes

Project Name: 203 Brunswick Dr

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒ No ☐ Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 101707

LICENSE TYPE : ☒Contractor☐Limited Specialty / Traditional Specialty / Installer☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	91	SQ. FOOTAGE HEATED	1595	NO. BATHS	2
WIDTH	30	SQ FOOTAGE GARAGE	520	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	1595	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	280
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2395

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab				
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other	ROOF PITCH :	5.5		
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other				
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

Address:

Parcel Number(s):

125 Little Gem CT, Griffin Georgia 30223

31301043

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

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☐Accessory ☐Commercial ☐Industrialized ☐Manufactured ☐Multi Family ☒Single Family ☐OtherLand Use : ☒Residentia☐Inside City of Griffin ☒Outside City of Griffin☐Apartment☐Residential Condominium☒Single Family Detached
HousingNo of Dwellings :
1

Provide a brief description of the project

Dunwoody Way / Elevation 8

APPLICANT FIRST
NAME:

Araceli

APPLICANT
LAST NAME:

Dunn

MAILING ADDRESS:

2475 Northwinds
Pkwy., Ste. 600

TELEPHONE:

6783737118

CITY:

Alpharetta

STATE:

Georgia

ZIP:

30009

OWNER FIRST
NAME:

Pulte Home

OWNER LAST
NAME:Company
LLC

BUILDING ADDRESS:

125 Little Gem Ct

(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)TAX MAP
REFERENCE:

313

BLOCK:

01

PARCEL:

043

LOT:

043

ZONING
DISTRICT:AAR
Condition

LOT DESCRIPTION:

ACRES:

.2728

FRONT
FEET:

126.08

DEPTH
OF
SIDE:

132.90

SUBDIVISION:

Y

Project Name: 125 Little Gem Ct

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding

\$ 44445

lot):

144115

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	77	SQ. FOOTAGE HEATED	3073	NO. BATHS	3
WIDTH	54	SQ FOOTAGE GARAGE	547	NO. BEDROOMS	3
STORIES	2	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	8
1st FLOOR SQ. FT.	2264	SQ. FOOTAGE PATIO(S)	0	SQ. FOOTAGE COVERED PORCHES	292
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3912

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab		
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input type="radio"/> Insert <input type="radio"/> Masonry
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other	ROOF PITCH :	5.5
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other		
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public

PLUMBING: (please give number to each)

TUBS		SHOWERS	2	TUB/SHOWER	1	LAVATORIES	4
TOILETS	3	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

Address:

Parcel Number(s):

605 Daffodil DR, Griffin Georgia 30223

31201060

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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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

☐Accessory☐Commercial☐Industrialized☐Manufactured☐Multi Family☒Single Family ☐Other

Land Use :

Residentia

☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings :

1

Provide a brief description of the project

Martin Ray w/Elevation 6 Plan

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy Ste. 600	
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP: 30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	605 Daffodil Dr	

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

TAX MAP REFERENCE:	312	BLOCK:	01	PARCEL:	060	LOT:	60	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.229	FRONT FEET:	52	DEPTH OF SIDE:	135	SUBDIVISION:	Yes	

Project Name: 605 Daffodil Dr

IS PROPERTY LOCATED IN A FLOOD ZONE: ☒No ☐Yes

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):

\$ 118868

LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION

(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)

LENGTH	80	SQ. FOOTAGE HEATED	2306	NO. BATHS	2
WIDTH	40	SQ FOOTAGE GARAGE	487	NO. BEDROOMS	3
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	7
1st FLOOR SQ. FT.	2306	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	55
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2848

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab		
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input type="checkbox"/> Wood <input type="checkbox"/> Other	ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input checked="" type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other	FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other	ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other Stone	ROOF PITCH :	5.5
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other		
SANITATION :	<input checked="" type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public

PLUMBING: (please give number to each)

TUBS	0	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	3
TOILETS	0	KITCHEN SINKS	1	WATER HEATED	1	DISHWASHER	1