

Call

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 11991 ZONING CERTIFICATE 109521 PERMIT NO. 31573 FEE \$ 532.00 REC. 1018576

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 X OTHER
SINGLE FAMILY X MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Repair from House Fire
STRUCTURAL

APPLICANT Marty Smallwood MAILING ADDRESS 113 Elmwood DR.
TELEPHONE 404-437-4368 CITY Hampton ST GA. ZIP 30228
PROPERTY OWNER Marty Smallwood BUILDING ADDRESS 122 Kelley Rd.
griffin ga 30223

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

TAX MAP REFERENCE 266 BLOCK 01 PARCEL 0096 LOT ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 5 FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N X (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 100,000.00

BUILDING INFORMATION

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

LENGTH 68 Ft. SQ. FOOTAGE HEATED 1863 Ft. NO. BATHS 2
WIDTH 27 Ft. SQ. FOOTAGE GARAGE - NO. BEDROOMS 3
STORIES 1 SQ. FOOTAGE CARPORT - TOTAL ROOMS 7
1st FLOOR SQ. FT. 1863 Ft. SQ. FOOTAGE PORCHES 288 Ft. TOTAL SQ. FOOTAGE 2151 Ft.
FIREPLACE: Y X N SQ. FOOTAGE BASEMENT -

FOUNDATION: BASEMENT CRAWL SPACE X SLAB BLOCK X POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL X WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED X
FLOOR FINISH: CARPET X VINYL X TILE HARDWOOD OTHER FIREPLACE: MASONRY INSERT X
ROOF TYPE: GABLE X HIP OTHER ROOF PITCH ROOFING: SHINGLES X METAL OTHER
EXTERIOR FINISH: WOOD MASONITE BRICK VINYL X HARDBOARD STUCCO OTHER
HEATING SYSTEM: CENTRAL HEAT X CENTRAL AIR X HEAT PUMP X OTHER
SANITATION: SEPTIC TANK X (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 2
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 5 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. _____ ZONING CERTIFICATE _____ PERMIT NO. _____ FEE \$ 107.⁰⁰ REC. 826574

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 X OTHER _____
 SINGLE FAMILY X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) replacing brick, garage door, minimal framing, interior finishes where car hit garage

APPLICANT A&B SERVICES, INC. DBA PAUL DAVIS RESTORATION MAILING ADDRESS 201 ANDREW DR
 TELEPHONE 770-389-8808 CITY STOCKBRIDGE ST GA ZIP 30281
 PROPERTY OWNER GLORIA DANIEL BUILDING ADDRESS 310 SAMMY CIRCLE, GRIFFIN, GA 30223

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

TAX MAP REFERENCE 260C BLOCK 01 PARCEL 093 LOT _____ ZONING DISTRICT R-2
 LOT DESCRIPTION: ACRES 0.46 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): \$4600.00

BUILDING INFORMATION

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

LENGTH _____ SQ. FOOTAGE HEATED 380 NO. BATHS 2
 WIDTH _____ SQ. FOOTAGE GARAGE 380 NO. BEDROOMS 3
 STORIES 2 SQ. FOOTAGE CARPORT _____ TOTAL ROOMS 6
 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 7 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 X WATER: PUBLIC _____ PRIVATE _____
 PLUMBING: (please give number of each) TUBS _____ SHOWERS _____ TUB/SHOWER 2 LAVATORIES 2 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 _____ GUNITITE _____ FIBERGLASS _____

call for pick up

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 11993 ZONING CERTIFICATE 109529 PERMIT NO. 31575 FEE \$ 292.00 REC. 407648

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 X MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY X OTHER
(give a brief description of remodel/repair/other work) accessory building for storage / workshop

APPLICANT John Groseclose MAILING ADDRESS 650 N Pomona Rd
TELEPHONE 678-276-6588 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER John Groseclose BUILDING ADDRESS 650 N Pomona Rd

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

TAX MAP REFERENCE 240 BLOCK 02 PARCEL 008 LOT ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 3 FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N X (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 25,000.00

BUILDING INFORMATION

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

LENGTH 50' 5.5" SQ. FOOTAGE HEATED 0 NO. BATHS 0
WIDTH 40' 1.25" SQ. FOOTAGE GARAGE 0 NO. BEDROOMS 0
STORIES 1 SQ. FOOTAGE CARPORT 0 TOTAL ROOMS 1
1st FLOOR SQ. FT. 2024 SQ. FOOTAGE PORCHES 0 TOTAL SQ. FOOTAGE 2,024 sq ft
FIREPLACE: Y N X SQ. FOOTAGE BASEMENT 0

FOUNDATION: BASEMENT CRAWL SPACE SLAB X BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER X ATTIC AREA: FINISHED UNFINISHED X
FLOOR FINISH: CARPET VINYL TILE HARDWOOD OTHER X FIREPLACE: MASONRY INSERT
ROOF TYPE: GABLE HIP OTHER X ROOF PITCH 5.5/12 ROOFING: SHINGLES METAL X OTHER
EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER X
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

Lot 9

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 11995 ZONING CERTIFICATE 109531 PERMIT NO. 31577 FEE \$ 147.00 REC. 081836

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 Renewal MAKE ADDITION REMODEL REPAIR OTHER

SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER

(give a brief description of remodel/repair/other work) Renewal of # 30465.

APPLICANT Gilbert Tillman MAILING ADDRESS 2757 Old Atlanta Road Ste B
 TELEPHONE 770 229-0030 CITY Griffin ST. GA ZIP 30223
 PROPERTY OWNER Crescent Construction Co. Inc BUILDING ADDRESS 125 Hunts Mill Circle

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

TAX MAP REFERENCE 229 BLOCK 03 PARCEL 009 LOT (9) ZONING DISTRICT R-2
 LOT DESCRIPTION: ACRES .16 FRONT FEET 60 DEPTH OF SIDE 170
 IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 9,800.00

BUILDING INFORMATION

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

LENGTH 54' SQ. FOOTAGE HEATED 2300 NO. BATHS 3
 WIDTH 34' SQ. FOOTAGE GARAGE 400 NO. BEDROOMS 4
 STORIES 2 SQ. FOOTAGE CARPORT N/A TOTAL ROOMS 7
 1st FLOOR SQ. FT. 1846 SQ. FOOTAGE PORCHES 230 TOTAL SQ. FOOTAGE 2,930
 FIREPLACE: SQ. FOOTAGE BASEMENT N/A

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 9/12 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 SHOWERS TUB/SHOWER 2 LAVATORIES 3 TOILETS 3
 KITCHEN SINKS WATER HEATER DISHWASHER 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. 11992 ZONING CERTIFICATE 109528 PERMIT NO. 31574 FEE \$ 548⁸² REC. 826576

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) House burned

APPLICANT Life Built Homes MAILING ADDRESS 116 Caraway Rd.
 TELEPHONE (678) 361-8192 CITY Locust Grove ST GA ZIP 30248
 PROPERTY OWNER Suzie Donchue BUILDING ADDRESS 435 Beacon Ct. Gr. Pl.

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

TAX MAP REFERENCE 303 BLOCK 01 PARCEL 029 LOT 29 ZONING DISTRICT AAR, Condition

LOT DESCRIPTION: ACRES 0.14 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): \$ 240,000.00

BUILDING INFORMATION

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

LENGTH <u>79</u>	SQ. FOOTAGE HEATED <u>1732</u>	NO. BATHS <u>2</u>
WIDTH <u>40</u>	SQ. FOOTAGE GARAGE <u>520</u>	NO. BEDROOMS <u>2</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>N/A</u>	TOTAL ROOMS <u>9</u>
1 st FLOOR SQ. FT. <u>1732</u>	SQ. FOOTAGE PORCHES <u>129</u>	TOTAL SQ. FOOTAGE <u>2381</u>
FIREPLACE: <input checked="" type="checkbox"/> N	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 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 2 SHOWERS 1 TUB/SHOWER 1 LAVATORIES 4 TOILETS 2

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 1 OTHER 2

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 _____ N/A

*Hose
Pipes
CB*

Call

12/31/19 @ 1:13 p.m.

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. ZONING CERTIFICATE PERMIT NO. FEE \$ 492.00 REC. 046/7B

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 [checked] MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY [checked] MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Replacement of Modular Home (building new home) original permit expired 3/22/11

APPLICANT Mark Henry Contractor LLC Jason Coussons
TELEPHONE 404-427-3968 CITY Griffin ST GA ZIP 30223
PROPERTY OWNER M. Jason Coussons BUILDING ADDRESS 2430 Steele Rd

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

TAX MAP REFERENCE 254 BLOCK 01 PARCEL 018 LOT TR.C ZONING DISTRICT AB-1

LOT DESCRIPTION: ACRES 2 FRONT FEET 169 DEPTH OF SIDE 437

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 100,000 \$70,000

BUILDING INFORMATION

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

LENGTH 34 SQ.FOOTAGE HEATED 1661 NO. BATHS 2
WIDTH 56 SQ.FOOTAGE GARAGE 792 NO. BEDROOMS 3
STORIES 1.5 SQ.FOOTAGE CARPORT NA TOTAL ROOMS 8
1st FLOOR SQ. FT. 1258 SQ.FOOTAGE PORCHES 592 TOTAL SQ. FOOTAGE 3045
FIREPLACE: Y [] N [] SQ.FOOTAGE BASEMENT NA

FOUNDATION: BASEMENT [] CRAWL SPACE [x] SLAB [] BLOCK [] POURED WALLS [x] PIERS/SKIRTING []
INTERIOR WALLS: DRYWALL [x] WOOD [] PANEL [] OTHER [] ATTIC AREA: FINISHED [] UNFINISHED [x]
FLOOR FINISH: CARPET [x] VINYL [] TILE [x] HARDWOOD [x] OTHER [] FIREPLACE: MASONRY [] INSERT [x]
ROOF TYPE: GABLE [] HIP [] OTHER [] ROOF PITCH [] ROOFING: SHINGLES [] METAL [] OTHER []
EXTERIOR FINISH: WOOD [] MASONITE [] BRICK [] VINYL [] HARDBOARD [x] STUCCO [] OTHER []
HEATING SYSTEM: CENTRAL HEAT [] CENTRAL AIR [] HEAT PUMP [x] OTHER Gas Fireplace insert
SANITATION: SEPTIC TANK [x] (attach copy of Health Dept Permit) PUBLIC SEWER [] WATER: PUBLIC [] PRIVATE []
PLUMBING: (please give number of each) TUBS 10 SHOWERS 2 TUB/SHOWER 1 LAVATORIES 3 TOILETS 2
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)

LENGTH WIDTH ODD SHAPE VINYL GUNITE FIBERGLASS

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

APPLICATION NO. _____ ZONING CERTIFICATE _____ PERMIT NO. _____ FEE \$ 397.⁰² REC. 043940

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 Benson Sales MAILING ADDRESS 201 Morgan Dr., R1.
 TELEPHONE 678 414 7465 CITY Griffin ST GA ZIP 30224
 PROPERTY OWNER same BUILDING ADDRESS 13 Habersham Circle
Griffin GA 30224

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

TAX MAP REFERENCE 93 9/483 227 BLOCK 01 PARCEL 049 LOT _____ ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 1.86 FRONT FEET 50 DEPTH OF SIDE 30
 IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 100K

BUILDING INFORMATION

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

LENGTH <u>37</u>	SQ. FOOTAGE HEATED <u>1521</u>	NO. BATHS <u>2</u>
WIDTH <u>46</u>	SQ. FOOTAGE GARAGE <u>0</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>7</u>
1 st FLOOR SQ. FT. <u>1521</u>	SQ. FOOTAGE PORCHES <u>190</u>	TOTAL SQ. FOOTAGE <u>1691</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 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 _____ SHOWERS _____ TUB/SHOWER 2 LAVATORIES 3 TOILETS 2
 KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 1 OTHER 2 Hoses
 SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) Bibs
 LENGTH _____ WIDTH _____ ODD SHAPE _____ VINYL _____ GUNITE _____ FIBERGLASS _____

Storage that was not included on original permit application

ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

APPLICATION NO. 11997 ZONING CERTIFICATE 109533 PERMIT NO. 31579 FEE \$ 161.40 REC. 826583

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) 1,200 square foot detached garage

APPLICANT Pilkenton Development MAILING ADDRESS 357 O'Dell Rd
 TELEPHONE 770-228-2316 CITY Griffin ST Ga ZIP 30224
 PROPERTY OWNER Harvey Pilkenton BUILDING ADDRESS 1014 Waverly Dr

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

TAX MAP REFERENCE 231C BLOCK 01 PARCEL 049 LOT _____ ZONING DISTRICT R-1
 LOT DESCRIPTION: ACRES 1.76 FRONT FEET 258 DEPTH OF SIDE 275
 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 <u>30</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>40</u>	SQ. FOOTAGE GARAGE <u>1200</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>1200</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>1200</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 6/12 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 _____ 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 _____

4/10/20

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 11998 ZONING CERTIFICATE 109534 PERMIT NO. 31580 FEE \$ 412.00 REC. 826587

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 MANUFACTURED MULTI-FAMILY COMMERCIAL X ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Removal of approx. 22 feet of partition wall between Meeting Room. and Break Room.

APPLICANT Yoshiyuki Koshiyama MAILING ADDRESS 3490 Piedmont Road, Suite 900
TELEPHONE 404-812-8600 CITY Atlanta ST GA ZIP 30305
PROPERTY OWNER Toppan USA, Inc. BUILDING ADDRESS 603 Rehoboth Road, Griffin, GA

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

TAX MAP REFERENCE 220B BLOCK 01 PARCEL 002 LOT ZONING DISTRICT PDD
LOT DESCRIPTION: ACRES 35.46 FRONT FEET 1,834 DEPTH OF SIDE 534.8
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N X (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 40,000.

BUILDING INFORMATION

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

EXISTING STRUCTURE, ONLY INTERIOR MODIFICATIONS

LENGTH SQ. FOOTAGE HEATED NO. BATHS
STORIES SQ. FOOTAGE CARPORT TOTAL ROOMS
1st FLOOR SQ. FT. SQ. FOOTAGE PORCHES TOTAL SQ. FOOTAGE
FIREPLACE: Y N X SQ. FOOTAGE BASEMENT

FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL X WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET VINYL TILE X 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. 12001 ZONING CERTIFICATE 109538 PERMIT NO. 31583 FEE \$ 227⁰⁰ REC. 821890

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) cell phone tower

APPLICANT T-Mobile (Chelsea Peele) MAILING ADDRESS 1000 Holcomb Woods Pkwy
 TELEPHONE (989) 802-2667 CITY Roswell ST GA ZIP 30076
 PROPERTY OWNER Pinnacle Towers BUILDING ADDRESS 645 Bucknort Rd

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

TAX MAP REFERENCE 224 BLOCK 01 PARCEL 001A LOT _____ ZONING DISTRICT AR1
 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): \$ 20,000.00

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 _____

9AT0429B

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12002 ZONING CERTIFICATE 109538 PERMIT NO. 31584 FEE \$ 227.00 REC. 820590

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 X REMODEL REPAIR OTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER X
(give a brief description of remodel/repair/other work) cell tower

APPLICANT T-Mobile (Chelsea Peele) MAILING ADDRESS 1000 Holcomb Woods Pkwy
TELEPHONE 989-802-2667 CITY Roswell ST GA ZIP 30076
PROPERTY OWNER Pinnacle Towers BUILDING ADDRESS 2371 Hwy 16 West

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

TAX MAP REFERENCE 238 BLOCK 02 PARCEL 008B LOT ZONING DISTRICT C1
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): \$ 20,000.00

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. 12000 ZONING CERTIFICATE 109580 PERMIT NO. 31582 FEE \$ 389.10 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 Rebuild
 SINGLE FAMILY MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) house burned down, will rebuild from existing foundation up

APPLICANT Turn Right Service LLC MAILING ADDRESS 2265 Roseland Rd, Grayson, Ga 30017
 TELEPHONE 770-375-6610 CITY Grayson ST Ga ZIP 30017
 PROPERTY OWNER Turn Right Prop. LLC BUILDING ADDRESS 281 Wildwood Cir. Griffin Ga 30223

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

TAX MAP REFERENCE 205A BLOCK 02 PARCEL 013 LOT 11 ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 2.78 FRONT FEET 200 DEPTH OF SIDE 746.25/664.43
 IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ ~~150000~~ 80000

BUILDING INFORMATION

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

LENGTH 58 SQ. FOOTAGE HEATED 1655 NO. BATHS 2
 WIDTH 38 SQ. FOOTAGE GARAGE 0 NO. BEDROOMS 3
 STORIES 1 SQ. FOOTAGE CARPORT 0 TOTAL ROOMS 6
 1st FLOOR SQ. FT. _____ SQ. FOOTAGE PORCHES 400 TOTAL SQ. FOOTAGE 1655
 FIREPLACE: Y N SQ. FOOTAGE BASEMENT 0

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 2 LAVATORIES 2 TOILETS
 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. _____ ZONING CERTIFICATE _____ PERMIT NO. _____ FEE \$ 0 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
 SINGLE FAMILY X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) Demolition of SFD

APPLICANT Griffin - Spalding County Land Bank Authority MAILING ADDRESS 406 N Hill St
 TELEPHONE 678-603-1986 CITY Griffin ST Ga ZIP 30223
 PROPERTY OWNER Griffin - Spalding County Land Bank Authority BUILDING ADDRESS 179 Poplar St

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

TAX MAP REFERENCE 110 BLOCK 02 PARCEL 008 LOT _____ ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 0.26 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 46 SQ. FOOTAGE HEATED 1360 NO. BATHS 2
 WIDTH 44 SQ. FOOTAGE GARAGE 0 NO. BEDROOMS 3
 STORIES 1 SQ. FOOTAGE CARPORT 0 TOTAL ROOMS 8
 1st FLOOR SQ. FT. 1308 SQ. FOOTAGE PORCHES 302 TOTAL SQ. FOOTAGE 1672
 FIREPLACE: Y N SQ. FOOTAGE BASEMENT 0

FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
 INTERIOR WALLS: DRYWALL WOOD PANEL OTHER _____ ATTIC AREA: FINISHED UNFINISHED
 FLOOR FINISH: CARPET TILE HARDWOOD OTHER _____ REFRIGERATOR: MASONRY INSERT
 ROOF TYPE: GABLE HIP ROOF PIT _____ ROOF SHINGLES METAL OTHER _____
 EXTERIOR FINISH: WOOD MASONRY BRICK VINYL HARDWARE STUCCO OTHER _____
 HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR HEAT PUMP _____
 SANITATION: SEPTIC TANK (attach copy of Health Dept. permit) PUBLIC WATER: PUBLIC _____ PRIVATE _____
 PLUMBING: (please give number of each) TUBS _____ SHOWERS _____ TUB SHOWERS _____ TOILETS _____
 KITCHEN SINKS _____ WATER HEATER _____ DISHWASHER _____ FLOOR DRAINS _____ WASHER _____ 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. _____ ZONING CERTIFICATE _____ PERMIT NO. _____ FEE \$ 0 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
SINGLE FAMILY X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
(give a brief description of remodel/repair/other work) Demolition of SFD

APPLICANT Griffin - Spalding County Land Bank Authority MAILING ADDRESS 406 N Hill St
TELEPHONE 678-603-1986 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Griffin - Spalding County Land Bank Authority BUILDING ADDRESS 86 Hillcrest St

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

TAX MAP REFERENCE 123 BLOCK 07 PARCEL 001 LOT _____ ZONING DISTRICT R1
LOT DESCRIPTION: ACRES 0.33 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 55 SQ.FOOTAGE HEATED 1064 NO. BATHS 1
WIDTH 28 SQ.FOOTAGE GARAGE 0 NO.BEDROOMS 3
STORIES 1 SQ.FOOTAGE CARPORT 0 TOTAL ROOMS 6
1st FLOOR SQ. FT. 1308 SQ.FOOTAGE PORCHES 244 TOTAL SQ. FOOTAGE 1308
FIREPLACE: Y N SQ.FOOTAGE BASEMENT 0

FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER _____ ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET TILE HARDWOOD OTHER _____ REFRIGERATOR: MASONRY INSERT
ROOF TYPE: GABLE HIP ROOF PITCH _____ ROOFING: SHINGLES METAL OTHER _____
EXTERIOR FINISH: WOOD MASONRY BRICK VINYL HARDWARE STUCCO OTHER _____
HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR HEAT PUMP _____
SANITATION: SEPTIC TANK (attach copy of Health Dept. permit) PUBLIC _____ WATER: PUBLIC _____ PRIVATE _____
PLUMBING: (please give number of each) TUBS _____ SHOWERS _____ TUB SHOWERS _____ SINKS _____ TOILETS _____
KITCHEN SINKS _____ WATER HEATER _____ DISHWASHER _____ FLOOR DRAIN _____ WASHER _____ DRYER _____ 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. _____ ZONING CERTIFICATE 109539 PERMIT NO. 31585 FEE \$ 0 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
 SINGLE FAMILY X MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) Demolition of SFD

APPLICANT Griffin - Spalding County Land Bank Authority MAILING ADDRESS 406 N Hill St
 TELEPHONE 678-603-1986 CITY Griffin ST Ga ZIP 30223
 PROPERTY OWNER Griffin - Spalding County Land Bank Authority BUILDING ADDRESS 33 Bleachery St

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

TAX MAP REFERENCE 109 BLOCK 010 PARCEL 10 LOT _____ ZONING DISTRICT R1
 LOT DESCRIPTION: ACRES 0.28 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 42 SQ. FOOTAGE HEATED 986 NO. BATHS 1
 WIDTH 32 SQ. FOOTAGE GARAGE 0 NO. BEDROOMS 3
 STORIES 1 SQ. FOOTAGE CARPORT 0 TOTAL ROOMS 6
 1st FLOOR SQ. FT. 1220 SQ. FOOTAGE PORCHES 234 TOTAL SQ. FOOTAGE 1220
 FIREPLACE: Y N SQ. FOOTAGE BASEMENT 0

FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
 INTERIOR WALLS: DRYWALL WOOD PANEL OTHER _____ ATTIC AREA: FINISHED UNFINISHED
 FLOOR FINISH: CARPET TILE HARDWOOD OTHER _____ REPLACE: MASONRY INSERT
 ROOF TYPE: GABLE HIP ROOF PITCH _____ ROOF SHINGLES METAL OTHER _____
 EXTERIOR FINISH: WOOD MASONRY BRICK VINYL HARDWARE STUCCO OTHER _____
 HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR HEAT PUMP _____
 SANITATION: SEPTIC TANK (attach copy of Health Dept. permit) PUBLIC WATER: PUBLIC _____ PRIVATE _____
 PLUMBING: (please give number of each) TUBS _____ SHOWERS _____ TUB SHOWERS _____ TOILETS _____
 KITCHEN SINKS _____ WATER HEATER _____ DISHWASHER _____ FLOOR DRAIN _____ WASHER _____ 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 _____

SPALDING COUNTY, GEORGIA

APPLICATION NO. 17006 ZONING CERTIFICATE 109547 PERMIT NO. 31588 FEE \$ 267.⁰⁰ REC. 05/01/05

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) HOSE BARN

APPLICANT Levi Hill MAILING ADDRESS 963 Moon Road Griffin, GA 30223
 TELEPHONE 404 379 8016 CITY Griffin ST GA ZIP 30223
 PROPERTY OWNER Levi Hill BUILDING ADDRESS 963 Moon Road

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

TAX MAP REFERENCE 264 BLOCK A PARCEL 015C LOT _____ ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 10 FRONT FEET 240' DEPTH OF SIDE 2,000'
 IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 25,000.-

BUILDING INFORMATION

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

LENGTH 48' SQ. FOOTAGE HEATED _____ NO. BATHS _____
 WIDTH 60' SQ. FOOTAGE GARAGE _____ NO. BEDROOMS _____
 STORIES 1 SQ. FOOTAGE CARPORT _____ TOTAL ROOMS _____
 1st FLOOR SQ. FT. 2880 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 4/12 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. 12068 ZONING CERTIFICATE 109544 PERMIT NO. 31590 FEE \$ 532.00 REC. 826593

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) REPAIR DAMAGED LUMBER/COMPLETE ELECTRICAL/HVAC

APPLICANT MBECK ENTERPRISES MAILING ADDRESS 531 FURCAL RD.
 TELEPHONE 770-826-7823 CITY GRAFTON ST GA ZIP 30224
 PROPERTY OWNER SHYNECA WALKER BUILDING ADDRESS 125 HAMMERHAWK RD.

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

TAX MAP REFERENCE 116 BLOCK 02 PARCEL 015 LOT _____ ZONING DISTRICT R-1
 LOT DESCRIPTION: ACRES 0.39 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): \$ 560,000.00

BUILDING INFORMATION

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

LENGTH <u>62'-6"</u>	SQ. FOOTAGE HEATED <u>1,171.25</u>	NO. BATHS <u>2</u>
WIDTH <u>24'-6"</u>	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>360</u>	TOTAL ROOMS <u>6</u>
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>1531.25</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 5/12 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 2 TOILETS 2
 KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER _____ 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. 12007 ZONING CERTIFICATE 109543 PERMIT NO. 31589 FEE \$ 517.94 REC. 0414742

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) Demc Home + Build Back New Home

APPLICANT LEVI HILL MAILING ADDRESS 347 VALLEY HILL ROAD
 TELEPHONE 404-379-8816 CITY GRIFFIN ST GA ZIP 30223
 PROPERTY OWNER KIM EIDSON BUILDING ADDRESS 1574 VINEYARD ROAD

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

TAX MAP REFERENCE 266 BLOCK 06 PARCEL 001A ~~260-06001A~~ LOT 028 ZONING DISTRICT 03 R-2
 LOT DESCRIPTION: ACRES 1.19 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): \$ 120,000.00

BUILDING INFORMATION

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

LENGTH <u>42'</u>	SQ.FOOTAGE HEATED <u>1,896</u>	NO. BATHS <u>3</u>
WIDTH <u>35'</u>	SQ.FOOTAGE GARAGE <u>406</u>	NO. BEDROOMS <u>4</u>
STORIES <u>2</u>	SQ.FOOTAGE CARPORT <u>N/A</u>	TOTAL ROOMS <u>11</u>
1 st FLOOR SQ. FT. <u>978</u>	SQ.FOOTAGE PORCHES <u>75</u>	TOTAL SQ. FOOTAGE <u>2,379</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 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. 12009 ZONING CERTIFICATE 109545 PERMIT NO. 31691 FEE \$ 83.00 REC. 8/26/59

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) 10' x 20' Covered Porch 4/12 roof pitch

APPLICANT Allan Atha/upscale Homes Inc MAILING ADDRESS P.O. Box 252
 TELEPHONE 770-318-7014 CITY Brooks ST GA ZIP 30205
 PROPERTY OWNER Allan Atha BUILDING ADDRESS 223 Patriots Way Griffin
30223

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

TAX MAP REFERENCE 267 Plat Book 26 BLOCK 02 PARCEL 036 LOT 462 ZONING DISTRICT R-1 4th
 LOT DESCRIPTION: ACRES .4 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): \$ 2,000

BUILDING INFORMATION

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

LENGTH 20' SQ. FOOTAGE HEATED _____ NO. BATHS _____
 WIDTH 10 SQ. FOOTAGE GARAGE _____ NO. BEDROOMS _____
 STORIES _____ SQ. FOOTAGE CARPORT _____ TOTAL ROOMS _____
 1st FLOOR SQ. FT. 200 SQ. FOOTAGE PORCHES 200 TOTAL SQ. FOOTAGE 200
 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. 12010 ZONING CERTIFICATE 109546 PERMIT NO. 31592 FEE \$107.00 REC. 095653

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) STORAGE BUILDING

APPLICANT Blanca GRANADOS MAILING ADDRESS 1055 Mauer Rd
 TELEPHONE 404-840-3026 CITY HAMPTON ST GA ZIP 30728
 PROPERTY OWNER Blanca GRANADOS BUILDING ADDRESS 1055 Mauer Rd

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

TAX MAP REFERENCE 254 BLOCK 02 PARCEL 008F LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 5.81 FRONT FEET 186.7 ft DEPTH OF SIDE 751.7 ft

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 4,500.00

BUILDING INFORMATION

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

LENGTH 18 SQ. FOOTAGE HEATED - NO. BATHS -
 WIDTH 24 SQ. FOOTAGE GARAGE - NO. BEDROOMS -
 STORIES 1 SQ. FOOTAGE CARPORT - TOTAL ROOMS -
 1st FLOOR SQ. FT. 432 SQ. FOOTAGE PORCHES - TOTAL SQ. FOOTAGE 432
 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. 12011 ZONING CERTIFICATE 1095A7 PERMIT NO. 31593 FEE \$ 314.36 REC. 009044

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 New Construction
 SINGLE FAMILY _____ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) Build on 3 BR 2 Bath 28' x 55' home with on 5/12 pitch roof - Hardie plank siding

APPLICANT MARK STAPLES MAILING ADDRESS 1386 CARVER RD
 TELEPHONE 770 468 4431 CITY GARTHIN ST GA ZIP 30224
 PROPERTY OWNER Garthin Area Habitat BUILDING ADDRESS 309 Anderson Rd
Humanty

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

TAX MAP REFERENCE 270 BLOCK 01 PARCEL 082 LOT _____ ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 3.07 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): \$75,000.00

BUILDING INFORMATION

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

LENGTH <u>55 ft</u>	SQ. FOOTAGE HEATED <u>1540</u>	NO. BATHS <u>2</u>
WIDTH <u>28 ft</u>	SQ. FOOTAGE GARAGE <u>NO</u>	NO. BEDROOMS <u>3</u>
STORIES <u>ONE</u>	SQ. FOOTAGE CARPORT <u>NO</u>	TOTAL ROOMS <u>7</u>
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES <u>148 (48)</u>	TOTAL SQ. FOOTAGE <u>1588</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>NA</u> ^{under roof}	

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 5/12 ROOFING: SHINGLES METAL OTHER _____
 EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER Hardie Plank
 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 2 LAVATORIES 2 TOILETS 2
 KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER _____ 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. 12012 ZONING CERTIFICATE 109548 PERMIT NO. 31594 FEE \$617.90 REC. 826599

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 INC BUILDING ADDRESS 1121 Birchwood Drive

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

TAX MAP REFERENCE 231 BLOCK 02 PARCEL 034 LOT 34 ZONING DISTRICT R1, Condition
 LOT DESCRIPTION: ACRES 1.023 AC FRONT FEET 370' DEPTH OF SIDE Rt. 410.06'
 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"/> 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. 12013 ZONING CERTIFICATE 109549 PERMIT NO. 31595 FEE \$644.30 REC. 8/26/99

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 60 ZIP 30205
 PROPERTY OWNER Upscale Homes Inc BUILDING ADDRESS 1119 Birchwood Dr
LOT 35 Creek

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

TAX MAP REFERENCE 231 BLOCK 02 PARCEL 035 LOT 35 ZONING DISTRICT R1 Conditional
 LOT DESCRIPTION: ACRES 1.023 AC FRONT FEET 218.50' DEPTH OF SIDE 405.91'
 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>2121</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>10</u>
1 st FLOOR SQ. FT. <u>1760</u>	SQ. FOOTAGE PORCHES <u>144</u>	TOTAL SQ. FOOTAGE <u>2815</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 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 2 LAVATORIES 4 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. 17014 ZONING CERTIFICATE 104550 PERMIT NO. 31596 FEE \$ 561.28 REC. 826598

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 David Chapman MAILING ADDRESS P.O. Box 926
 TELEPHONE 706-656-1008 CITY Greenville ST Ga ZIP 30222
 PROPERTY OWNER David Chapman BUILDING ADDRESS 104 Robin Road

Trademark Quality Homes *Fairview Estates*
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)

TAX MAP REFERENCE 282A 00026 BLOCK 01 PARCEL 53 LOT 4 ZONING DISTRICT 154 AR-1
 LOT DESCRIPTION: ACRES 4.04 FRONT FEET 300 DEPTH OF SIDE 677

IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 175,000

BUILDING INFORMATION

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

LENGTH <u>53'</u>	SQ. FOOTAGE HEATED <u>1926</u>	NO. BATHS <u>2</u>
WIDTH <u>53'</u>	SQ. FOOTAGE GARAGE <u>900</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>NA</u>	TOTAL ROOMS <u>6</u>
1 st FLOOR SQ. FT. <u>1926</u>	SQ. FOOTAGE PORCHES <u>228</u>	TOTAL SQ. FOOTAGE <u>2554</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input 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 11/12 ROOFING: SHINGLES METAL OTHER _____
 EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER Stone
 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 3 TOILETS 2
 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. 12015 ZONING CERTIFICATE 104551 PERMIT NO. 31597 FEE \$ 772.42 REC. 826548

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 Scott Greene MAILING ADDRESS P.O. Box 926
 TELEPHONE 678-758-1513 CITY Greenville ST Ga ZIP 30222
 PROPERTY OWNER David Chapman BUILDING ADDRESS 217 Courtland Rd, Brook's
Water Metek Fairyview Estates

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

TAX MAP REFERENCE 282A BLOCK 01 PARCEL 011 LOT 53 ZONING DISTRICT 1st AR-1
 LOT DESCRIPTION: ACRES 3.06 FRONT FEET 201 DEPTH OF SIDE 666

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 204,000

BUILDING INFORMATION

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

LENGTH <u>58' 6"</u>	SQ. FOOTAGE HEATED <u>2639</u>	NO. BATHS <u>3</u>
WIDTH <u>65' 8"</u>	SQ. FOOTAGE GARAGE <u>450</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>NA</u>	TOTAL ROOMS <u>9</u>
1 st FLOOR SQ. FT. <u>2398</u>	SQ. FOOTAGE PORCHES <u>422</u>	TOTAL SQ. FOOTAGE <u>3511</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input 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 10/12 ROOFING: SHINGLES METAL OTHER _____

EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER Stone

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. 12016 ZONING CERTIFICATE 109652 PERMIT NO. 31598 FEE \$ 1119.⁷² REC. 546058

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)

(Sams Smith)

APPLICANT CROSSROADS Quality Ctr. Inc. MAILING ADDRESS PO BOX 1758
TELEPHONE 706-468-1870 CITY JACKSON ST Ge ZIP 30233
PROPERTY OWNER Ken McCallum BUILDING ADDRESS 1825 Line Creek Rd, Brooks Co.,

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

TAX MAP REFERENCE 281 BLOCK D1 PARCEL 015 LOT # 2 ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 6.96 FRONT FEET 300.03' DEPTH OF SIDE 959.23'
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 300 K

BUILDING INFORMATION

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

LENGTH <u>79'</u>	SQ. FOOTAGE HEATED <u>3230</u>	NO. BATHS <u>3</u>
WIDTH <u>73'</u>	SQ. FOOTAGE GARAGE <u>892</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1 w/ Bonus</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>12</u>
1 st FLOOR SQ. FT. <u>2603</u>	SQ. FOOTAGE PORCHES <u>854</u>	TOTAL SQ. FOOTAGE <u>4976</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 12/12 ROOF PITCH 12/12 ROOFING: SHINGLES METAL OTHER _____
 EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER Stone
 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 6 TOILETS 4
 KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 0 WASHING MACHINE 1 OTHER 3
 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. 12019 ZONING CERTIFICATE 109535 PERMIT NO. 31601 FEE \$ 131.00 REC. 684614

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 Replace Signs
 SINGLE FAMILY _____ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) Install 32.8 sq ft (2'x16'-5") and 14 sq ft (3'-6"x4') wall signs on front wall and on side wall
Renewal of # 20970 And 2 Drive Thru Cansopies.

APPLICANT Henry Inc (Jill Fontenot) MAILING ADDRESS 2285 Central Blvd
 TELEPHONE 770-593-1234 CITY Stonecrest ST GA ZIP 30035
 PROPERTY OWNER McDonald's Corporation BUILDING ADDRESS 1636 Martin Luther King Blvd

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

TAX MAP REFERENCE 233 BLOCK 03 PARCEL 007J LOT _____ ZONING DISTRICT C-1
 LOT DESCRIPTION: ACRES 1.12 FRONT FEET 339' 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): \$ 8000.00

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 NO. 12024 ZONING CERTIFICATE 109500 PERMIT NO. 31606 FEE \$ 115.00 REC. Debit Appr 043063

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) Storage place to be built rear

APPLICANT Andrea Barron MAILING ADDRESS 5 pane Ave
 TELEPHONE 404 980 1629 CITY griffin ST _____ ZIP 30223
 PROPERTY OWNER Andrea Barron BUILDING ADDRESS 5 pane Ave

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

TAX MAP REFERENCE 123 BLOCK 05 PARCEL 011 LOT _____ ZONING DISTRICT R-5
 LOT DESCRIPTION: ACRES 0.31 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): \$ 6000.00

BUILDING INFORMATION

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

LENGTH 30 SQ.FOOTAGE HEATED _____ NO. BATHS _____
 WIDTH 16 SQ.FOOTAGE GARAGE _____ NO. BEDROOMS _____
 STORIES 1 SQ.FOOTAGE CARPORT _____ TOTAL ROOMS _____
 1st FLOOR SQ. FT. 480 SQ.FOOTAGE PORCHES _____ TOTAL SQ. FOOTAGE 480
 FIREPLACE: Y N SQ.FOOTAGE BASEMENT _____

FOUNDATION: BASEMENT CRAWL SPACE ^{AB Footings} SLAB BLOCK POURED WALLS PIERS/SKIRTING
 INTERIOR WALLS: DRYWALL WOOD PANEL OTHER _____ ATTIC AREA: FINISHED UNFINISHED
 FLOOR FINISH: CARPET VINYL TILE ^{AB} 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 _____

Amber Smith is permit contact: Amber@eta.v...

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12076 ZONING CERTIFICATE 109559 PERMIT NO. 31605 FEE \$ 99.00 REC. 944212

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 (ground sign) REPAIR _____ OTHER _____

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

(give a brief description of remodel/repair/other work) Replace cabinet on existing ground sign with smaller cabinet

APPLICANT AMBER SMITH / HAMMOCK SIGN SYSTEM, INC. MAILING ADDRESS 605 RED OAK RD

TELEPHONE 425.595.4823 CITY STOCKBRIDGE ST GA ZIP 30281

PROPERTY OWNER NBASP LLC BUILDING ADDRESS 1719 N EXPRESSWAY

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

TAX MAP REFERENCE 03 103 BLOCK 16 PARCEL 013 ~~103-16013~~ LOT 21 ZONING DISTRICT C-1

LOT DESCRIPTION: ACRES 1.13 FRONT FEET ~150' DEPTH OF SIDE ~300'

IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN) - Flood Zone "X"

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 3,500

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 _____

N/A - Existing Building

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

APPLICATION NO. 12072 ZONING CERTIFICATE 109558 PERMIT NO. 31604 FEE \$ 131.00 REC. 944211

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) interior build out of offices & lobby

APPLICANT Briggs Brothers Enterprises Corp MAILING ADDRESS 12 Doranne Ct
 TELEPHONE 678 749 1375 CITY SMYRNA ST GA ZIP 30080
 PROPERTY OWNER Briggs Brothers Enterprises Corporation BUILDING ADDRESS 413 Odell Industrial way

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

TAX MAP REFERENCE 236 BLOCK 01 PARCEL 077 LOT _____ ZONING DISTRICT C-2
 LOT DESCRIPTION: ACRES 1.03 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): \$ 8,000.00

BUILDING INFORMATION

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

LENGTH <u>50</u>	SQ. FOOTAGE HEATED <u>1250</u>	NO. BATHS <u>2</u>
WIDTH <u>25</u>	SQ. FOOTAGE GARAGE <u>-</u>	NO. BEDROOMS <u>-</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>-</u>	TOTAL ROOMS <u>-</u>
1 st FLOOR SQ. FT. <u>1250</u>	SQ. FOOTAGE PORCHES <u>-</u>	TOTAL SQ. FOOTAGE <u>-</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" 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 _____ ROOFING: SHINGLES METAL OTHER _____
 EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER METAL
 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 _____ SHOWERS _____ TUB/SHOWER _____ LAVATORIES _____ TOILETS 2
 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 _____ N/A

SPALDING COUNTY, GEORGIA

APPLICATION NO. 12021 ZONING CERTIFICATE 109557 PERMIT NO. 31603 FEE \$ 626.70 REC. 944210

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 125 Birchwood Dr
Nike - 404.569.2550 Crestline Phase 3
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)

TAX MAP REFERENCE 231 BLOCK 02 PARCEL 033 LOT 33 ZONING DISTRICT R1
 LOT DESCRIPTION: ACRES 1.07 ac FRONT FEET 273.89' DEPTH OF SIDE 269.15'
 IS PROPERTY LOCATED IN A FLOOD ZONE: Y ___ N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 160,000.00

BUILDING INFORMATION

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

LENGTH <u>53.6</u>	SQ. FOOTAGE HEATED <u>2149</u>	NO. BATHS <u>3</u>
WIDTH <u>56.6</u>	SQ. FOOTAGE GARAGE <u>484</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>10</u>
1 st FLOOR SQ. FT. <u>1724</u>	SQ. FOOTAGE PORCHES <u>102</u>	TOTAL SQ. FOOTAGE <u>2735</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 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 _____ 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. 12070 ZONING CERTIFICATE 109550 PERMIT NO. 31602 FEE \$ 644.30 REC. 944210

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 INC BUILDING ADDRESS 1127 Birchwood Dr.
mail - 404-569-2550 Crestwick/S/D
Phase 3
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)

TAX MAP REFERENCE 231 BLOCK 02 PARCEL 032 LOT 32 ZONING DISTRICT R1
 LOT DESCRIPTION: ACRES 1.002 AC FRONT FEET 270' DEPTH OF SIDE 372.42'
 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>2121</u>	NO. BATHS <u>3</u>
WIDTH <u>52.6</u>	SQ. FOOTAGE GARAGE <u>550</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>10</u>
1 st FLOOR SQ. FT. <u>1760</u>	SQ. FOOTAGE PORCHES <u>144</u>	TOTAL SQ. FOOTAGE <u>2815</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 4 TOILETS 3
 KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER _____ FLOOR DRAINS 2 WASHING MACHINE 1 OTHER 2
 SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) HOSE 6:30
 LENGTH _____ WIDTH _____ ODD SHAPE _____ VINYL _____ GUNITE _____ FIBERGLASS _____

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

APPLICATION NO. 12018 ZONING CERTIFICATE 109554 PERMIT NO. 31600 FEE \$ 155.00 REC. 944205

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 ADD 12x24 porch
 SINGLE FAMILY _____ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
 (give a brief description of remodel/repair/other work) ADD 12x24 porch

APPLICANT Rick TAYLOR MAILING ADDRESS 1616 BEVILLE DR
 TELEPHONE 404-886-3405 CITY CORDELL ST GA ZIP 30224
 PROPERTY OWNER Steve Eidson BUILDING ADDRESS 650 W. Williamson Rd
Williamson Ga

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

TAX MAP REFERENCE 277 BLOCK 01 PARCEL 014 LOT _____ ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 4.78 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): \$ 11,000

BUILDING INFORMATION

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

LENGTH <u>24</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. <u>288</u>	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>288</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 5+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 _____ 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 _____

SPALDING COUNTY, GEORGIA

APPLICATION NO. 12017 ZONING CERTIFICATE 10953 PERMIT NO. 31599 FEE \$ 315.00 REC. 013494

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 of A Closet & Bathroom closing on Car Port to create 1st Bed Room & Fire Place in main house

APPLICANT Matheson Home Builders MAILING ADDRESS 115 STARBUCK DR

TELEPHONE 678-588-3106 CITY Geneva ST GA ZIP 30276

PROPERTY OWNER ERIC MITCHELL BUILDING ADDRESS 2170 W. ELLIS RD 2170

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

TAX MAP REFERENCE 2166 BLOCK 01 PARCEL 013 LOT ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 5.7 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): \$ 30,500.00

BUILDING INFORMATION

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

LENGTH 22 SQ. FOOTAGE HEATED 363 NO. BATHS
WIDTH 9 SQ. FOOTAGE GARAGE NO. BEDROOMS
STORIES 1 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 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 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. 17087 ZONING CERTIFICATE 109563 PERMIT NO. 31609 FEE \$ 227.00 REC. 944219

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 X REMODEL REPAIR OTHER Cell Tower
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL X ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Replacing and adding antennas to the existing configuration.

APPLICANT Crown Castle USA, Inc. for Verizon Wireless MAILING ADDRESS 8000 Avalon Boulevard, Suite 700
TELEPHONE (678) 259-2283 CITY Alpharetta ST GA ZIP 30009
PROPERTY OWNER Ronald P & Vickie Lawrence BUILDING ADDRESS 1166 Jenkinsburg Road, Locust Grove, GA 30248

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

TAX MAP REFERENCE 207 BLOCK 01 PARCEL 207-01009 LOT 058 ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 103.79 FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N X (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 20,000

BUILDING INFORMATION

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

LENGTH 248' Self Support SQ.FOOTAGE HEATED NA NO. BATHS NA
WIDTH NA SQ.FOOTAGE GARAGE NA NO.BEDROOMS NA
STORIES NA SQ.FOOTAGE CARPORT NA TOTAL ROOMS NA
1st FLOOR SQ. FT. NA SQ.FOOTAGE PORCHES NA TOTAL SQ. FOOTAGE NA
FIREPLACE: Y N SQ.FOOTAGE BASEMENT NA

FOUNDATION: BASEMENT CRAWL SPACE SLAB X BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL NA WOOD NA PANEL NA OTHER NA ATTIC AREA: FINISHED NA UNFINISHED NA
FLOOR FINISH: CARPET NA VINYL NA TILE NA HARDWOOD NA OTHER NA FIREPLACE: MASONRY NA INSERT NA
ROOF TYPE: GABLE NA HIP NA OTHER NA ROOF PITCH NA ROOFING: SHINGLES METAL OTHER NA
EXTERIOR FINISH: WOOD NA MASONITE NA BRICK NA VINYL NA HARDBOARD NA STUCCO NA OTHER NA
HEATING SYSTEM: CENTRAL HEAT NA CENTRAL AIR NA HEAT PUMP NA OTHER NA
SANITATION: SEPTIC TANK NA (attach copy of Health Dept Permit) PUBLIC SEWER NA WATER: PUBLIC NA PRIVATE NA
PLUMBING: (please give number of each) TUBS NA SHOWERS NA TUB/SHOWER NA LAVATORIES NA TOILETS NA
KITCHEN SINKS NA WATER HEATER NA DISHWASHER NA FLOOR DRAINS NA WASHING MACHINE NA OTHER NA
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTH NA WIDTH NA ODD SHAPE NA VINYL NA GUNITE NA FIBERGLASS NA

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 17096 ZONING CERTIFICATE 109562 PERMIT NO. 21608 FEE \$ 3148.00 REC. 944218

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 DRIVEWAY AUTO STORE

APPLICANT "CBI" Jason Hefert MAILING ADDRESS 416 PEPKLE FERRY RD
TELEPHONE 770 617 1541 CITY Cumming ST 64 ZIP 30040
PROPERTY OWNER ORLESY BUILDING ADDRESS 1761 ZADWELL RD

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

TAX MAP REFERENCE 233 BLOCK 06 PARCEL 0016 LOT ZONING DISTRICT C-1
LOT DESCRIPTION: ACRES 0.91 FRONT FEET 196.8 DEPTH OF SIDE 227.9
IS PROPERTY LOCATED IN A FLOOD ZONE: Y [] N [X] (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 538,837

BUILDING INFORMATION

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

LENGTH 102' 4" SQ. FOOTAGE HEATED 7985 NO. BATHS 2
WIDTH 77' SQ. FOOTAGE GARAGE 0 NO. BEDROOMS 0
STORIES 1 SQ. FOOTAGE CARPORT 0 TOTAL ROOMS
1st FLOOR SQ. FT. 7985 SQ. FOOTAGE PORCHES TOTAL SQ. FOOTAGE 7985
FIREPLACE: Y [] N [X] SQ. FOOTAGE BASEMENT 0

FOUNDATION: BASEMENT [] CRAWL SPACE [] SLAB [X] BLOCK [] POURED WALLS [] PIERS/SKIRTING []
INTERIOR WALLS: DRYWALL [X] WOOD [] PANEL [] OTHER ATTIC AREA: FINISHED [] UNFINISHED []
FLOOR FINISH: CARPET [X] VINYL [] TILE [] HARDWOOD [] OTHER [X] FIREPLACE: MASONRY [] INSERT []
ROOF TYPE: GABLE [] HIP [] OTHER FLAT ROOF PITCH ROOFING: SHINGLES [] METAL [X] OTHER
EXTERIOR FINISH: WOOD [] MASONITE [X] BRICK [] VINYL [] HARDBOARD [] STUCCO [X] OTHER
HEATING SYSTEM: CENTRAL HEAT [X] CENTRAL AIR [X] HEAT PUMP [] OTHER
SANITATION: SEPTIC TANK [] (attach copy of Health Dept Permit) PUBLIC SEWER [X] WATER: PUBLIC [X] PRIVATE
PLUMBING: (please give number of each) TUBS 0 SHOWERS 0 TUB/SOWER 0 LAVATORIES 4 TOILETS 2
KITCHEN SINKS 0 WATER HEATER 1 DISHWASHER 0 FLOOR DRAINS 3 WASHING MACHINE 0 OTHER 2
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) N/A
LENGTH WIDTH ODD SHAPE VINYL GUNITE FIBERGLASS

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

APPLICATION NO. 17095 ZONING CERTIFICATE 109561 PERMIT NO. 31607 FEE \$ 467.00 REC. 944203

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 Bowers Jones MAILING ADDRESS 204 Morgan Drive, Rd.
 TELEPHONE 678 414 7465 CITY Guthrie ST St ZIP 30224
 PROPERTY OWNER Danny Adams BUILDING ADDRESS 2198 E. Main St

Supervised to Danny Adams per license requirement for Experience
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)

TAX MAP REFERENCE 211 710-0057 BLOCK D1 PARCEL 005B LOT 3 ZONING DISTRICT R-2
 LOT DESCRIPTION: ACRES 1.5 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): \$ 50K

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 _____

EXISTING STRUCTURE

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 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. 12079 ZONING CERTIFICATE 109565 PERMIT NO. 31611 FEE \$ 662.⁰⁰ REC. 030113 ^{V.09A}

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) - SMOKE DEMOLITION

APPLICANT POCIS CONTRACTING MAILING ADDRESS 110 ANDREW DR
 TELEPHONE 41332-4244 CITY STOCKBRIDGE ST GA ZIP 30281

*PROPERTY OWNER THOMAS H. PROCTOR BUILDING ADDRESS 1063 W. WILLIAMSON RD.
WILLIAMSON, GA. 30292

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

TAX MAP REFERENCE 277 BLOCK 01 PARCEL 009 LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 65.69 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): \$ 85,000

BUILDING INFORMATION

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

LENGTH <u>63'</u>	SQ. FOOTAGE HEATED <u>4950</u>	NO. BATHS <u>3</u>
WIDTH <u>74</u>	SQ. FOOTAGE GARAGE <u>N/A</u>	NO. BEDROOMS <u>2</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>N/A</u>	TOTAL ROOMS <u>8</u>
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>4950</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>N/A</u>	<u>DG</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 _____

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. 12078 ZONING CERTIFICATE 109564 PERMIT NO. 31610 FEE \$ 839.00 REC. 030432 ^{VISA}

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 Stacy Tumbleston MAILING ADDRESS 140 Pristine DR
 TELEPHONE 404-851-7083 CITY Locust Grove STATE GA ZIP 30248
 PROPERTY OWNER Stacy Tumbleston BUILDING ADDRESS 1284 N Walkers Mill Rd
Groffton 30223

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

TAX MAP REFERENCE 213A BLOCK 01 PARCEL 030 LOT 30 ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 6.392 FRONT FEET 282.31 DEPTH OF SIDE 1184.86'
 IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
 ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 325,000.00

BUILDING INFORMATION

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

LENGTH <u>62'</u>	SQ. FOOTAGE HEATED <u>2707</u>	NO. BATHS <u>3 1/2</u>
WIDTH <u>75'6"</u>	SQ. FOOTAGE GARAGE <u>684</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>7</u>
1 st FLOOR SQ. FT. <u>2356</u>	SQ. FOOTAGE PORCHES <u>312</u>	TOTAL SQ. FOOTAGE <u>3703</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 0 SHOWERS 1 TUB/SHOWER 2 LAVATORIES 6 TOILETS 4
 KITCHEN SINKS 1 WATER HEATER _____ 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 NO. 12030 ZONING CERTIFICATE 109516 PERMIT NO. 31612 FEE \$ 115.00 REC. 820592

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) _____
Replace Rotten/DAMAGED RAFTERS INTERIOR REPAIRS Re-ROOF

APPLICANT Leticia Garcia MAILING ADDRESS 526^S Searcy Ave
 TELEPHONE 404-552-2937 CITY Griffin ST. GA ZIP 30223
 PROPERTY OWNER Leticia Garcia BUILDING ADDRESS 526^S Searcy Ave

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

TAX MAP REFERENCE 127 BLOCK 01 PARCEL 012 LOT _____ ZONING DISTRICT AR-1
 LOT DESCRIPTION: ACRES 0.2 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): \$ 6,000

BUILDING INFORMATION

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

LENGTH 12 SQ. FOOTAGE HEATED _____ NO. BATHS _____
 WIDTH 8 SQ. FOOTAGE GARAGE _____ NO. BEDROOMS _____
 STORIES _____ SQ. FOOTAGE CARPORT _____ TOTAL ROOMS _____
 1st FLOOR SQ. FT. _____ SQ. FOOTAGE PORCHES _____ TOTAL SQ. FOOTAGE 96
 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 _____