

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

APPLICATION NO. 12067 ZONING CERTIFICATE 109602 PERMIT NO. 31648 FEE \$ 629.50 REC. 9A4273

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 Construction - Renewal of # 30947

APPLICANT Jerry Robinson MAILING ADDRESS 157 Burke Street Suite 100
TELEPHONE () 678-520-9509 CITY Stockbridge ST. GA ZIP 30281
PROPERTY OWNER Gilberto Perez BUILDING ADDRESS 1053 Teamon Road Griffin Ga 30223

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

TAX MAP REFERENCE 240 BLOCK 01 PARCEL 092 LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 5.81 FRONT FEET 212.2 DEPTH OF SIDE 1185

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):

\$ 200.00 ~~\$150,000.00~~ ^{\$75,000}

BUILDING INFORMATION

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

LENGTH <u>61'</u>	SQ. FOOTAGE HEATED <u>3302</u>	NO. BATHS <u>5</u>
WIDTH <u>36'</u>	SQ. FOOTAGE GARAGE <u>858</u>	NO. BEDROOMS <u>6</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>14</u>
1 st FLOOR SQ. FT. <u>2200</u>	SQ. FOOTAGE PORCHES <u>476</u>	TOTAL SQ. FOOTAGE <u>3302</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>1900</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 intersection ROOF PITCH 9 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 3 SHOWERS _____ TUB/SHOWER 3 LAVATORIES 5 TOILETS 6
KITCHEN SINKS 2 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 1 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. 12068 ZONING CERTIFICATE 109603 PERMIT NO. 31649 FEE \$ 75.00 REC. 9-4-275

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) Reframing Sides

APPLICANT Lighting maintenance MAILING ADDRESS 295 Rautrack Rd
TELEPHONE 770 297 7210 CITY McDonough ST Ga ZIP 30252
PROPERTY OWNER Baymont BUILDING ADDRESS 2007 N Expressway

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

TAX MAP REFERENCE 103 BLOCK 15 PARCEL 003 LOT _____ ZONING DISTRICT C-1
LOT DESCRIPTION: ACRES 1.52 FRONT FEET 282.4 DEPTH OF SIDE 253.1
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 4000

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 Sign 1 TOTAL SQ. FOOTAGE 828
FIREPLACE: Y ☐ N ☐ SQ. FOOTAGE BASEMENT Sign 2 40 X

FOUNDATION: BASEMENT ☐ CRAWL SPACE ☐ SLAB ☐ BLOCK ☐ POURED WALLS ☐ PIERS/SKIRTING ☐
INTERIOR WALLS: DRYWALL ☐ WOOD ☐ PANEL ☐ OTHER _____ ATTIC AREA: FINISHED ☐ UNFINISHED ☐
FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☐ OTHER _____ FIREPLACE: MASONRY ☐ INSERT ☐
ROOF TYPE: GABLE ☐ HIP ☐ OTHER _____ ROOF PITCH _____ ROOFING: SHINGLES ☐ METAL ☐ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☐ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER _____
HEATING SYSTEM: CENTRAL HEAT ☐ CENTRAL AIR ☐ HEAT PUMP ☐ OTHER _____
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. 12069 ZONING CERTIFICATE 109604 PERMIT NO. 31650 FEE \$ 567.96 REC. 944272.

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) NSF

APPLICANT Red Bird Homes LLC MAILING ADDRESS 4411 Suwannee Dam Rd Suite 425
TELEPHONE 404 925 1928 CITY Suwannee ST GA ZIP 30049
PROPERTY OWNER Mario Loza Gomez BUILDING ADDRESS 1882 Hollonville Rd

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

TAX MAP REFERENCE 285 BLOCK 01 PARCEL 0016 LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 7.36 FRONT FEET 210.8' DEPTH OF SIDE 1507'
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 162,316

BUILDING INFORMATION

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

LENGTH <u>49</u>	SQ. FOOTAGE HEATED <u>1935</u>	NO. BATHS <u>3</u>
WIDTH <u>48</u>	SQ. FOOTAGE GARAGE <u>405</u>	NO. BEDROOMS <u>3</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>8</u>
1 st FLOOR SQ. FT. <u>1647</u>	SQ. FOOTAGE PORCHES <u>128</u>	TOTAL SQ. FOOTAGE <u>2468</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT _____	

FOUNDATION: BASEMENT ☐ CRAWL SPACE ☐ SLAB ☒ BLOCK ☐ POURED WALLS ☐ PIERS/SKIRTING ☐
INTERIOR WALLS: DRYWALL ☒ WOOD ☐ PANEL ☐ OTHER _____ ATTIC AREA: FINISHED ☐ UNFINISHED ☒
FLOOR FINISH: CARPET ☒ VINYL ☒ TILE ☒ HARDWOOD ☐ OTHER _____ FIREPLACE: MASONRY ☐ INSERT ☒
ROOF TYPE: GABLE ☒ HIP ☐ OTHER _____ ROOF PITCH 8/12 ROOFING: SHINGLES ☒ METAL ☐ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☐ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER Hardi
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 2 LAVATORIES 4 TOILETS 3
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS _____ WASHING MACHINE 1 OTHER _____

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

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

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

APPLICATION NO. 12014 ZONING CERTIFICATE 109609 PERMIT NO. 31655 FEE \$ 172.00 REC. 944265

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

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

APPLICANT Silverstone Residential LLC MAILING ADDRESS P.O. Box 2423

TELEPHONE 678 764-7392 Scott Sibley CITY Alpharetta ST GA ZIP 30023

PROPERTY OWNER Silverstone Residential LLC BUILDING ADDRESS 111 Westbury Dr
Westbury 5/D

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

TAX MAP REFERENCE 248F BLOCK 01 PARCEL 248F01007 LOT 7 ZONING DISTRICT R4
LOT DESCRIPTION: ACRES 28.360 FRONT FEET 49.8 145.70' DEPTH OF SIDE 54.0 197.70'

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 10,000.

BUILDING INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

MANUFACTURED HOME INFORMATION: OWNER OF HOME MOD SPACE INC

MANUFACTURER Mod Space Inc MODEL NAME MS100472 SERIAL NO. _____

YEAR MODEL 2013 DATE OF PURCHASE N/A PURCHASED FROM _____

IS THIS AN APPROVED INDUSTRIAL BUILDING: Y ☐ N ☒ BUILDING CLASS C SEPTIC TANK APPROVAL: Y ☒ N ☐

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

ANSI INSPECTION COMPLETED BY N/A MOVING COMPANY _____

INSTALLER SILVERSTONE Residential UC ADDITIONAL REQUIREMENTS FOR APPROVAL OF PERMIT: MUST MEET COMMERCIAL + ADA REQUIREMENTS

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

ENERGY CODE COMPLIANCE METHOD: Prescriptive (code) ☐ N/A Performance (Annual Study) ☐

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD 40' MINIMUM SIDEYARD 12' MINIMUM REARYARD 25' BUFFER —

SCREENING REQUIRED —

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT

DATE

For office use only:

This application for Zoning Certificate is: Approved ☒ Disapproved ☐

Comment _____

Administrative Officer

Date

This application for Building Permit is: Approved ☒ Disapproved ☐

Comments CONTRACTOR MUST PROVIDE ALL MFR INFO WHEN AVAILABLE

Building Official

Date

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

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

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

APPLICATION NO. 12013 ZONING CERTIFICATE 109608 PERMIT NO. 31654 FEE \$ 1397.00 REC. 944281

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 - Home burned
11-24-19

APPLICANT MRJ Construction Inc MAILING ADDRESS 1320 Carver Road
TELEPHONE 770-412-6528 CITY Griffin ST GA ZIP 30224
PROPERTY OWNER Brad Perkins BUILDING ADDRESS 601 Gibson St Griffin GA 30223

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

TAX MAP REFERENCE 261A BLOCK B03 PARCEL 261A03009 LOT 9 ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 1.1 FRONT FEET 131 DEPTH OF SIDE 355
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 209,900

BUILDING INFORMATION

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

LENGTH <u>72</u>	SQ. FOOTAGE HEATED <u>1344</u>	NO. BATHS <u>2</u>
WIDTH <u>33</u>	SQ. FOOTAGE GARAGE <u>507</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>6</u>
1 ST FLOOR SQ. FT. <u>1344</u>	SQ. FOOTAGE PORCHES <u>50</u>	TOTAL SQ. FOOTAGE <u>1901</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 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 1 TUB/SHOWER 1 LAVATORIES 2 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 _____

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

APPLICATION NC 12012 ZONING CERTIFICATE 109607 PERMIT NO. 31653 FEE \$204.00 REC. 571984

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) Detached garage

APPLICANT Robert Hough MAILING ADDRESS 495 Steele Rd
TELEPHONE 770-658-8007 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Robert Hough BUILDING ADDRESS 495 Steele Rd

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

TAX MAP REFERENCE 259 BLOCK 03 PARCEL 007F LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 5 FRONT FEET 200 DEPTH OF SIDE 860.4
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 14000.00

BUILDING INFORMATION

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

LENGTH <u>26</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>30</u>	SQ. FOOTAGE GARAGE <u>780</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>0</u>
1 st FLOOR SQ. FT. <u>780</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>780</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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

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

APPLICATION NO. 12011 ZONING CERTIFICATE 109006 PERMIT NO. 31052 FEE \$ 372.00 REC. 313081

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 ~~detach garage~~ ☒ MAKE ADDITION _____ REMODEL _____ REPAIR _____ OTHER _____
SINGLE FAMILY _____ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY ☒ OTHER _____
(give a brief description of remodel/repair/other work) Detached Garage

APPLICANT Miles Smith MAILING ADDRESS 1748 North Wolkers Mill Rd
TELEPHONE 770-653-9852 CITY Griffin ST GA ZIP 30223
PROPERTY OWNER Miles Smith BUILDING ADDRESS Same as Mailing

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

TAX MAP REFERENCE 204 BLOCK 01 PARCEL 0110 LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 23.02 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): \$ 35,000.00

BUILDING INFORMATION

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

LENGTH <u>20</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>25</u>	SQ. FOOTAGE GARAGE <u>500</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>0</u>
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>500</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

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

INTERIOR WALLS: DRYWALL ☐ WOOD ☐ PANEL ☐ OTHER ☒ ATTIC AREA: FINISHED ☐ UNFINISHED ☒

FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☒ OTHER ☐ FIREPLACE: MASONRY ☐ INSERT ☐

ROOF TYPE: GABLE ☒ HIP ☐ OTHER _____ ROOF PITCH _____ ROOFING: SHINGLES ☒ METAL ☐ OTHER _____

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

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

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

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

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

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

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

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APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12075 ZONING CERTIFICATE 109610 PERMIT NO. 31656 FEE \$ 597.00 REC. 149157

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 front of home, windows + electrical

APPLICANT Jerry Whitley MAILING ADDRESS 3078 Fossett Road
TELEPHONE (678) 967-0080 CITY Concord ST GA ZIP 30206
PROPERTY OWNER Gayle Hawbaker BUILDING ADDRESS 1121 Satilla Court

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

TAX MAP REFERENCE 302 BLOCK 03 PARCEL 025 LOT _____ ZONING DISTRICT AAR
LOT DESCRIPTION: ACRES 0.22 FRONT FEET _____ DEPTH OF SIDE _____ Conditioned
IS PROPERTY LOCATED IN A FLOOD ZONE: Y _____ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 70,000.00

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 EXISTING 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. 12077 ZONING CERTIFICATE 109612 PERMIT NO. 31658 FEE \$379.00 REC. 05324D

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

ERECT ☒ MAKE ADDITION _____ REMODEL _____ REPAIR _____ OTHER _____

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

(give a brief description of remodel/repair/other work) Metal building to store my tractor, implements & kayaks

APPLICANT James Thompson MAILING ADDRESS 1636 Bennett Drive

TELEPHONE (912) 556-1887 CITY McDonough ST GA ZIP 30253

PROPERTY OWNER James Thompson BUILDING ADDRESS 1006 S. McDonough Dr, Griffin
30223

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

TAX MAP REFERENCE 222 BLOCK 01 PARCEL 013B LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 47 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): \$ 39,000

BUILDING INFORMATION

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

LENGTH <u>60'</u>	SQ. FOOTAGE HEATED _____	NO. BATHS _____
WIDTH <u>40'</u>	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS _____
STORIES <u>1</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>1</u>
1 st FLOOR SQ. FT. <u>2400</u>	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>2400</u>
FIREPLACE: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT _____	

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

INTERIOR WALLS: DRYWALL ☐ WOOD ☐ PANEL ☒ OTHER ☒ ATTIC AREA: FINISHED ☐ UNFINISHED ☒

FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☒ OTHER ☒ FIREPLACE: MASONRY ☐ INSERT ☐

ROOF TYPE: GABLE ☒ HIP ☐ OTHER _____ ROOF PITCH _____ ROOFING: SHINGLES ☐ METAL ☐ OTHER _____

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

HEATING SYSTEM: CENTRAL HEAT ☐ CENTRAL AIR ☐ HEAT PUMP ☒ OTHER None

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. 1207D ZONING CERTIFICATE 109605 PERMIT NO. 31651 FEE \$ 131.⁰⁰ REC. 055537

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) DETACHED GARAGE

APPLICANT William Hogan MAILING ADDRESS 178 WoodHollow Dr
TELEPHONE 404-402-4040 CITY Guffin ST GA ZIP 30223
PROPERTY OWNER Carolyn & William Hogan BUILDING ADDRESS Same

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

TAX MAP REFERENCE Q11 BLOCK 01 PARCEL 044 LOT _____ ZONING DISTRICT R-1
LOT DESCRIPTION: ACRES 1.49 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>32</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>36</u>	SQ. FOOTAGE GARAGE <u>X 720</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>0</u>
1 ST FLOOR SQ. FT. <u>720</u>	SQ. FOOTAGE PORCHES <u>0</u>	TOTAL SQ. FOOTAGE <u>720</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 A Frame ROOF PITCH _____ ROOFING: SHINGLES ☐ METAL ☒ OTHER _____

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

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

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

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

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

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

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

-call for pickup.

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12018 ZONING CERTIFICATE 109613 PERMIT NO. 31659 FEE \$ 387.00 REC. 06638B

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) Water damage to Kitchen Living room Dining room + Guest Bathroom Floor, Walls, Cabinets
APPLICANT Christopher S. Brewer MAILING ADDRESS 725 Musgrove rd
TELEPHONE 706-662-1810 CITY Griffin ST GA ZIP 30223
PROPERTY OWNER Myself BUILDING ADDRESS Same

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

TAX MAP REFERENCE 212 BLOCK 01 PARCEL 033B LOT _____ ZONING DISTRICT R2

LOT DESCRIPTION: ACRES 8 1/4 FRONT FEET _____ DEPTH OF SIDE _____

IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN) 40,000.00

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 40,000.00

BUILDING INFORMATION

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

LENGTH _____ SQ. FOOTAGE HEATED 2616 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 X TOILETS X

KITCHEN SINKS X WATER HEATER X DISHWASHER X FLOOR DRAINS X WASHING MACHINE X 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 109614 PERMIT NO. 31660 FEE \$ 123.00 REC. 435482

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) Detached Garage

APPLICANT Robert F. Strbeck MAILING ADDRESS 14139 Spanish Tr
TELEPHONE 904 534 7191 CITY Jacksonville ST FL ZIP 32225
PROPERTY OWNER Robert Strbeck BUILDING ADDRESS 1314 Chatham Rd
Grieffin GA

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

TAX MAP REFERENCE 261 BLOCK D1 PARCEL 034A LOT _____ ZONING DISTRICT B-4
LOT DESCRIPTION: ACRES 2.64 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): \$ 6500.00

BUILDING INFORMATION

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

LENGTH <u>24'</u>	SQ. FOOTAGE HEATED _____	NO. BATHS _____
WIDTH <u>24'</u>	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS _____
STORIES _____	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS _____
1 st FLOOR SQ. FT. <u>X</u>	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>576</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT _____	

FOUNDATION: BASEMENT ☐ CRAWL SPACE ☐ SLAB ☒ BLOCK ☐ POURED WALLS ☐ PIERS/SKIRTING ☐
INTERIOR WALLS: DRYWALL ☐ WOOD ☐ PANEL ☐ OTHER _____ ATTIC AREA: FINISHED ☐ UNFINISHED ☐
FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☐ OTHER _____ FIREPLACE: MASONRY ☐ INSERT ☐
ROOF TYPE: GABLE ☐ HIP ☐ OTHER _____ ROOF PITCH _____ ROOFING: SHINGLES ☐ METAL ☐ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☐ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER Log
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. 12076 ZONING CERTIFICATE 109611 PERMIT NO. 31657 FEE \$663.88 REC. 944 284

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 Barn Home

APPLICANT Danny Teague MAILING ADDRESS 1560 Minter RD
TELEPHONE 678 603-8206 CITY Giffin ST GA ZIP 30223
PROPERTY OWNER Danny Teague BUILDING ADDRESS 1737 Minter RD

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

TAX MAP REFERENCE 254 BLOCK 02 PARCEL 032T LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 4.44 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): \$ 125,000.00

BUILDING INFORMATION

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

LENGTH <u>74'</u>	SQ. FOOTAGE HEATED <u>1570</u>	NO. BATHS <u>2</u>
WIDTH <u>45'</u>	SQ. FOOTAGE GARAGE <u>576</u>	NO. BEDROOMS <u>2</u>
STORIES <u>2</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>5</u>
1 st FLOOR SQ. FT. <u>1334</u>	SQ. FOOTAGE PORCHES <u>758</u>	TOTAL SQ. FOOTAGE <u>2904</u>
FIREPLACE: Y <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 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 2 TUB/SHOWER _____ 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 _____

call 3/12/20 @ 12:40p

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12081 ZONING CERTIFICATE 10946 PERMIT NO. 31662 FEE \$ 307.00 REC. Debit # 19530

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) Roof, Exteriors Work front Porch repair

APPLICANT Jorge Ruiz MAILING ADDRESS SMA
TELEPHONE 404-427-0353 CITY Griffin ST. Midway ZIP 30223
PROPERTY OWNER Jorge Ruiz BUILDING ADDRESS 750 Mid Bridge Rd

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

TAX MAP REFERENCE 256 BLOCK 01 PARCEL 01 LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 32.68 FRONT FEET _____ DEPTH OF SIDE _____

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 30,000-

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. 1208D ZONING CERTIFICATE 1091015 PERMIT NO. 311061 FEE \$ 781.60 REC. 180148

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 BOBBY G. YORK MAILING ADDRESS 107 HONEYSUCKLE LANE
TELEPHONE 678-967-9187 CITY BARNESVILLE ST GA ZIP 30204
PROPERTY OWNER CHUCK CHATHAM BUILDING ADDRESS 50 BOYNTON CIRCLE, HAMPTON

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

TAX MAP REFERENCE 239 03 BLOCK 994 PARCEL 23903005G LOT 01 ZONING DISTRICT 03 AR-1
LOT DESCRIPTION: ACRES 2.01 FRONT FEET 200 DEPTH OF SIDE 443
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 205,000

BUILDING INFORMATION

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

LENGTH <u>64</u>	SQ. FOOTAGE HEATED <u>2422</u>	NO. BATHS <u>2</u>
WIDTH <u>58</u>	SQ. FOOTAGE GARAGE <u>600</u>	NO. BEDROOMS <u>3</u>
STORIES <u>1 PLUS BONUS 1.5</u>	SQ. FOOTAGE CARPORT _____	TOTAL ROOMS <u>8</u>
1 st FLOOR SQ. FT. <u>2050</u>	SQ. FOOTAGE PORCHES <u>458</u>	TOTAL SQ. FOOTAGE <u>3480</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-BD
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 _____ 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. 12082 ZONING CERTIFICATE 1091017 PERMIT NO. 311063 FEE \$ 729.00 REC. 944290

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 Allen Greer MAILING ADDRESS 819 Rocky Creek Rd
TELEPHONE 770 715-1071 CITY HAMPTON ST GA ZIP 30228
PROPERTY OWNER Lyle Greer BUILDING ADDRESS 401 Lamar County Line Rd
GRIFFIN

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

TAX MAP REFERENCE 227 02007 BLOCK 02 PARCEL 007A LOT _____ ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 31.61 FRONT FEET 761 DEPTH OF SIDE 1361
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☒ N ☐ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): ~~125,000~~ \$ 125,000.00

BUILDING INFORMATION

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

LENGTH <u>80</u>	SQ. FOOTAGE HEATED <u>1840</u>	NO. BATHS <u>2</u>
WIDTH <u>40</u>	SQ. FOOTAGE GARAGE <u>0</u>	NO. BEDROOMS <u>2</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>5</u>
1 st FLOOR SQ. FT. <u>1840</u>	SQ. FOOTAGE PORCHES <u>1360</u>	TOTAL SQ. FOOTAGE <u>3200</u>
FIREPLACE: Y <input checked="" type="checkbox"/> (N)	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 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 0 SHOWERS 1 TUB/SHOWER 1 LAVATORIES 2 TOILETS 2
KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 1 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. 12084 ZONING CERTIFICATE 109619 PERMIT NO. 31665 FEE \$ 220.00 REC. 103474

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

ERECT _____ MAKE ADDITION ☒ REMODEL _____ REPAIR _____ OTHER _____
SINGLE FAMILY ☒ MANUFACTURED _____ MULTI-FAMILY _____ COMMERCIAL _____ ACCESSORY _____ OTHER _____
(give a brief description of remodel/repair/other work) install a 12x18 covered porch addition

APPLICANT Jerry Whitley MAILING ADDRESS 3078 Fossett Road
TELEPHONE (678) 967-0080 CITY Concord ST GA ZIP 30206
PROPERTY OWNER Robert Moore BUILDING ADDRESS 113 Creekside Court

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

TAX MAP REFERENCE 301 BLOCK 01 PARCEL 039 LOT 39 ZONING DISTRICT AAR, Condition
LOT DESCRIPTION: ACRES 0.18 FRONT FEET 65.59 DEPTH OF SIDE 120.6

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ \$16,000.00

BUILDING INFORMATION

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

LENGTH _____	SQ. FOOTAGE HEATED <u>216</u>	NO. BATHS <u>NA</u>
WIDTH _____	SQ. FOOTAGE GARAGE _____	NO. BEDROOMS <u>NA</u>
STORIES <u>NA</u>	SQ. FOOTAGE CARPORT <u>NA</u>	TOTAL ROOMS <u>1</u>
1 st FLOOR SQ. FT. <u>NA</u>	SQ. FOOTAGE PORCHES <u>NA</u>	TOTAL SQ. FOOTAGE <u>NA</u>
FIREPLACE: Y <input checked="" type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>NA</u>	

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

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

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

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

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

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

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

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

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

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

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

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

APPLICATION NO. 12087 ZONING CERTIFICATE 109622 PERMIT NO. 31648 FEE \$ 377.00 REC. 064636

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 Prespro Homes Atlanta LLC MAILING ADDRESS 1022 Waverly Drive
TELEPHONE 678 618 8701 CITY Griffin ST GA ZIP 30224
PROPERTY OWNER Prespro Homes Atlanta LLC BUILDING ADDRESS 34 Henley Road Griffin GA 30224

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

TAX MAP REFERENCE 223 BLOCK 01 PARCEL 028 22304028 LOT 84 ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES .975 FRONT FEET 196 DEPTH OF SIDE 203.31

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 115000

BUILDING INFORMATION

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

LENGTH <u>40</u>	SQ. FOOTAGE HEATED <u>1536</u>	NO. BATHS <u>2</u>
WIDTH <u>40</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>6</u>
1 st FLOOR SQ. FT. <u>1536</u>	SQ. FOOTAGE PORCHES <u>64</u>	TOTAL SQ. FOOTAGE <u>1600</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 2 LAVATORIES 3 TOILETS 2

KITCHEN SINKS 1 WATER HEATER 1 DISHWASHER 1 FLOOR DRAINS 2 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 _____

call
678-508-3068

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

APPLICATION NO. 12085 ZONING CERTIFICATE 10920 PERMIT NO. 316660 FEE \$ 187⁰⁰ REC. 043806

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) Dry Wall, Electrical, Plumbing, insulation
PERMIT RENEWAL # 30558

APPLICANT Rebeca Toledo MAILING ADDRESS 1411 N LEE
TELEPHONE 770 728 5012 CITY GRIFFIN ST _____ ZIP 30223
PROPERTY OWNER Rebeca Toledo BUILDING ADDRESS 1411 N Lee Griffin
g.a 30223

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

TAX MAP REFERENCE 108 BLOCK 11 PARCEL 004 LOT _____ ZONING DISTRICT R-1
LOT DESCRIPTION: ACRES .53 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): \$ 15,000

BUILDING INFORMATION

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

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

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

Amo

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

APPLICATION NO. 17088 ZONING CERTIFICATE 109623 PERMIT NO. 31669 FEE \$ 661.90 REC. 944298

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) NSF

APPLICANT WynnTrac Construction MAILING ADDRESS P.O. Box 425
TELEPHONE 678 961-9159 CITY Zebulon ST GA ZIP 30295
PROPERTY OWNER STS Development Group BUILDING ADDRESS 36 Rex Rd Williamson GA

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

TAX MAP REFERENCE 234A BLOCK 04 PARCEL 234A-04-6 LOT 10 ZONING DISTRICT R-2
LOT DESCRIPTION: ACRES 2.01 2.4 FRONT FEET 133 DEPTH OF SIDE 775

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 180000

BUILDING INFORMATION

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

LENGTH <u>52</u>	SQ. FOOTAGE HEATED <u>2144</u>	NO. BATHS <u>3</u>
WIDTH <u>53</u>	SQ. FOOTAGE GARAGE <u>408</u>	NO. BEDROOMS <u>4</u>
STORIES <u>1.5</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>5</u>
1 st FLOOR SQ. FT. <u>1864</u>	SQ. FOOTAGE PORCHES <u>343</u>	TOTAL SQ. FOOTAGE <u>2895</u>
FIREPLACE: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u>0</u>	

FOUNDATION: BASEMENT ☐ CRAWL SPACE ☐ SLAB ☒ BLOCK ☐ POURED WALLS ☐ PIERS/SKIRTING ☐
INTERIOR WALLS: DRYWALL ☒ WOOD ☐ PANEL ☐ OTHER _____ ATTIC AREA: FINISHED ☐ UNFINISHED ☒
FLOOR FINISH: CARPET ☒ VINYL ☒ TILE ☐ HARDWOOD ☐ OTHER _____ FIREPLACE: MASONRY ☐ INSERT ☒
ROOF TYPE: GABLE ☒ HIP ☐ OTHER _____ ROOF PITCH 8/12 ROOFING: SHINGLES ☒ METAL ☐ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☒ BRICK ☒ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER _____
HEATING SYSTEM: CENTRAL HEAT ☒ CENTRAL AIR ☒ HEAT PUMP ☒ OTHER _____
SANITATION: SEPTIC TANK ☒ (attach copy of Health Dept Permit) PUBLIC SEWER _____ WATER: PUBLIC ☒ PRIVATE _____
PLUMBING: (please give number of each) TUBS 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. 12089 ZONING CERTIFICATE 109624 PERMIT NO. 31670 FEE \$ 50.⁰⁰ REC. 944299

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

APPLICANT Rodney Ison MAILING ADDRESS 7176 Newnan Rd
TELEPHONE 770-853-2667 CITY Brooks ST Ga ZIP 30205
PROPERTY OWNER Rodney Ison BUILDING ADDRESS 7154 Newnan Rd

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

TAX MAP REFERENCE 279 BLOCK 02 PARCEL 011 LOT _____ ZONING DISTRICT AR-1

LOT DESCRIPTION: ACRES 1 FRONT FEET 204.3 DEPTH OF SIDE 195

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 800.⁰⁰

BUILDING INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPLICATION NO. 120816 ZONING CERTIFICATE 1091621 PERMIT NO. 3116167 FEE \$ 2,467.00 REC. 944294

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) Restroom modifications for ADA compliance, new crew room and dining room decor, new front modular counter, new roof.

APPLICANT Davies Construction MAILING ADDRESS 2421 E Lake Road
TELEPHONE (678) 432-6853 CITY McDonough ST GA ZIP 30252
PROPERTY OWNER McDonald's USA LLC BUILDING ADDRESS 1636 Martin Luther King Jr Pkwy

(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 383.9 DEPTH OF SIDE 258.5
IS PROPERTY LOCATED IN A FLOOD ZONE: Y _____ N ☒ (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 400,000

BUILDING INFORMATION

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

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

No modifications to exterior of 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 _____ 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. 12090 ZONING CERTIFICATE 1091025 PERMIT NO. 31671 FEE \$ 211.00 REC. 944301

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) Sunroom

APPLICANT Unique Home Builders MAILING ADDRESS 615 Maloy Rd
TELEPHONE 770-755-0605 CITY Griffin ST Ga ZIP 30223
PROPERTY OWNER Henrietta Baldwin BUILDING ADDRESS 418 Tallulah Dr

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

TAX MAP REFERENCE 302 BLOCK 02 PARCEL 010 LOT N/A ZONING DISTRICT AAR, Conditions

LOT DESCRIPTION: ACRES 0.23 FRONT FEET 96.63 DEPTH OF SIDE 117.9

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 18000.00

BUILDING INFORMATION

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

LENGTH <u>12</u>	SQ. FOOTAGE HEATED _____	NO. BATHS <u>0</u>
WIDTH <u>12</u>	SQ. FOOTAGE GARAGE <u>-</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>-</u>	TOTAL ROOMS <u>1</u>
1 st FLOOR SQ. FT. <u>144</u>	SQ. FOOTAGE PORCHES _____	TOTAL SQ. FOOTAGE <u>144 ft²</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 Screening ATTIC AREA: FINISHED ☐ UNFINISHED ☐

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

ROOF TYPE: GABLE ☐ HIP ☐ OTHER _____ ROOF PITCH 7/12 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. 12083 ZONING CERTIFICATE 109618 PERMIT NO. 31664 FEE \$ 83.00 REC. 013192

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) Front porch + replace existing front porch

APPLICANT Lucille Phillips MAILING ADDRESS 504 Vineyard Rd.
TELEPHONE 678-438-6211 CITY Griffin ST GA ZIP 30223
PROPERTY OWNER Lucille Phillips BUILDING ADDRESS 504 Vineyard Rd.

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

TAX MAP REFERENCE 247B BLOCK 01 PARCEL 020 LOT ZONING DISTRICT R-2

LOT DESCRIPTION: ACRES 0.48 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): \$ 2060.00

BUILDING INFORMATION

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

LENGTH <u>6</u>	SQ. FOOTAGE HEATED <u> </u>	NO. BATHS <u> </u>
WIDTH <u>8</u>	SQ. FOOTAGE GARAGE <u> </u>	NO. BEDROOMS <u> </u>
STORIES <u> </u>	SQ. FOOTAGE CARPORT <u> </u>	TOTAL ROOMS <u> </u>
1 st FLOOR SQ. FT. <u> </u>	SQ. FOOTAGE PORCHES <u> </u>	TOTAL SQ. FOOTAGE <u>48</u>
FIREPLACE: Y <input type="checkbox"/> N <input type="checkbox"/>	SQ. FOOTAGE BASEMENT <u> </u>	

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

INTERIOR WALLS: DRYWALL ☐ WOOD ☐ PANEL ☐ OTHER ☐ ATTIC AREA: FINISHED ☐ UNFINISHED ☐

FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☐ OTHER ☐ FIREPLACE: MASONRY ☐ INSERT ☐

ROOF TYPE: GABLE ☐ HIP ☐ OTHER ☐ ROOF PITCH 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. 12091 ZONING CERTIFICATE 109626 PERMIT NO. 31672 FEE \$ 115.00 REC. 944302

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 SCREENED PORCH OVER EXISTING REAR PATIO

APPLICANT TAYLOR L. JONES MAILING ADDRESS 1205 WHITE OAK WAY
TELEPHONE 404-867-6060 CITY GRIFFIN ST GA ZIP 30224
PROPERTY OWNER SAME BUILDING ADDRESS SAME

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

TAX MAP REFERENCE 231-02-044 BLOCK 02 PARCEL 044 LOT 44 ZONING DISTRICT R-1
LOT DESCRIPTION: ACRES 1.0 FRONT FEET 251 DEPTH OF SIDE 201
IS PROPERTY LOCATED IN A FLOOD ZONE: Y ☐ N ☒ (ATTACH COPY OF APPROVED SITE PLAN) \$ 6000
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 6000

BUILDING INFORMATION

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

LENGTH <u>14</u>	SQ. FOOTAGE HEATED <u>0</u>	NO. BATHS <u>0</u>
WIDTH <u>22</u>	SQ. FOOTAGE GARAGE <u>0</u>	NO. BEDROOMS <u>0</u>
STORIES <u>1</u>	SQ. FOOTAGE CARPORT <u>0</u>	TOTAL ROOMS <u>0</u>
1 st FLOOR SQ. FT. _____	SQ. FOOTAGE PORCHES <u>308</u>	TOTAL SQ. FOOTAGE <u>308</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 SCREENED ATTIC AREA: FINISHED ☒ UNFINISHED ☐
FLOOR FINISH: CARPET ☐ VINYL ☐ TILE ☐ HARDWOOD ☐ OTHER SLAB FIREPLACE: MASONRY ☐ INSERT ☐
ROOF TYPE: GABLE ☐ HIP ☐ OTHER SHED ROOF PITCH 4/12 ROOFING: SHINGLES ☒ METAL ☐ OTHER _____
EXTERIOR FINISH: WOOD ☐ MASONITE ☐ BRICK ☐ VINYL ☐ HARDBOARD ☐ STUCCO ☐ OTHER SCREENED
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 _____
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 _____

Project/Case #

BLDG-03-20-000057

Address:

430 Golden Rod CT, Griffin Georgia 30223

Parcel Number(s):

312 01087

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use : Residential ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Martin Ray / Elevation 4

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com,david.shumaker@pulte.com,david.crankshaw@pulte.com,jacob.potter@pulte.com,bryan.scoi				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	430 Golden Rod Ct		

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

TAX MAP REFERENCE:	312	BLOCK:	01	PARCEL:	087	LOT:	87	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.1612	FRONT FEET:	52	DEPTH OF SIDE:	135	SUBDIVISION:	Yes	

Project Name: 430 Golden Rod Ct

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 138388

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

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

LENGTH	80	SQ. FOOTAGE HEATED	2913	NO. BATHS	3
WIDTH	40	SQ FOOTAGE GARAGE	619	NO. BEDROOMS	3
STORIES	2	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	8
1st FLOOR SQ. FT.	1962	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	172
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3704

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

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/>Yes <input checked="" type="radio"/>No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply: <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas
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ENERGY CODE COMPLIANCE METHOD: ☒Performance☐Prescriptive☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	20	MINIMUM SIDEYARD:	5
MINIMUM REARYARD:	20	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	Araceli Dunn	DATE:	03/03/2020
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REINSPECTION FEES ARE \$50.00.

A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE,

Project/Case #

BLDG-03-20-000059

Address:

539 Inkberry DR, Griffin Georgia 30223

Parcel Number(s):

312 01039

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect ☐Make Addition ☐Remodel ☐Repair ☐Other

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

Land Use : Residential ☐Inside City of Griffin ☒Outside City of Griffin

<input type="radio"/> Apartment	<input type="radio"/> Residential Condominium	<input checked="" type="radio"/> Single Family Detached Housing	No of Dwellings : 1
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Provide a brief description of the project

Castlerock / Elevation 4

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@jwhomes.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.patton@pulte.com,bryan.sco				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	539 Inkberry Dr		

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

TAX MAP REFERENCE:	312	BLOCK:	01	PARCEL:	039	LOT:	03908	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.2087	FRONT FEET:	53.53	DEPTH OF SIDE:	135	SUBDIVISION:	Yes	

Project Name: 539 Inkberry Dr

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 127823

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

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	80	SO. FOOTAGE HEATED	2157	NO. BATHS	2

WIDTH	40	SQ FOOTAGE GARAGE	539	NO. BEDROOMS	2
STORIES	2	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	7
1st FLOOR SQ. FT.	1756	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	330
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3026

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

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunitite <input type="radio"/> Vinyl		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?

☒Yes ☐No

Select all that apply:

☒Mechanical ☒Electrical ☒Plumbing ☐Gas

ENERGY CODE COMPLIANCE METHOD: ☒Performance ☐Prescriptive ☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	20	MINIMUM SIDEYARD:	5
MINIMUM REARYARD:	20	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT

Araceli Dunn

DATE:

03/03/2020

REINSPECTION FEES ARE \$50.00.

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

THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIFIED HEREIN. REASONABLE HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE

Project/Case #

BLDG-03-20-000061

Address:

531 Inkberry DR, Griffin Georgia 30223

Parcel Number(s):

312 01035

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use : Residential ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Martin Ray / Elevation 6

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@jwhomes.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@pulte.com,bryan.sco				For multiple emails, enter comma separated email addresses
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	531 Inkberry Dr

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

TAX MAP REFERENCE:	312	BLOCK:	01	PARCEL:	035	LOT:	35	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.2087	FRONT FEET:	53.53	DEPTH OF SIDE:	135	SUBDIVISION:	Yes	

Project Name: 531 Inkberry Dr

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 118872

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

BUILDING INFORMATION			
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)			
LENGTH	FEET	SO. FOOTAGE HEATED	FEET

LENGTH	76	SQ. FOOTAGE HEATED	2094	NO. BATHS	2
WIDTH	40	SQ FOOTAGE GARAGE	406	NO. BEDROOMS	3
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	2094	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	267
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2767

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

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunitite <input type="radio"/> Vinyl		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?

☒Yes ☐No

Select all that apply:

☒Mechanical ☒Electrical ☒Plumbing ☐Gas

ENERGY CODE COMPLIANCE METHOD: ☒Performance ☐Prescriptive ☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	20	MINIMUM SIDEYARD:	5
MINIMUM REARYARD:	20	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT

Araceli Dunn

DATE:

03/03/2020

REINSPECTION FEES ARE \$50.00.

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

THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIFIED HEREIN. REASONABLE

Project/Case #

BLDG-03-20-000063

Address:

Parcel Number(s):

422 Golden Rod CT, Griffin Georgia 30223

312 01091

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair☐Other

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

Land Use : Residential☐Inside City of Griffin☒Outside City of Griffin

☐Apartment☐Residential Condominium☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Abbeyville / Elevation 6

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@jwhomes.com,David.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@pulte.com,bryan.sco				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	422 Golden Rod Ct		

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

TAX MAP REFERENCE:	312	BLOCK:	01	PARCEL:	091	LOT:	09108	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.1612	FRONT FEET:	52	DEPTH OF SIDE:	135	SUBDIVISION:	Yes	

Project Name: 422 Golden Rod Ct

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 105757

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

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	66.8	SQ. FOOTAGE HEATED	1655	NO. BATHS	2

LENGTH	66.8	SQ. FOOTAGE HEATED	1633	NO. BATHS	2
WIDTH	40	SQ FOOTAGE GARAGE	437	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	5
1st FLOOR SQ. FT.	1655	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	232
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2324

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

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunitite <input type="radio"/> Vinyl		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?

☒Yes ☐No

Select all that apply:

☒Mechanical ☒Electrical ☒Plumbing ☐Gas

ENERGY CODE COMPLIANCE METHOD: ☒Performance ☐Prescriptive ☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	20	MINIMUM SIDEYARD:	5
MINIMUM REARYARD:	20	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT

Araceli Dunn

DATE:

03/03/2020

REINSPECTION FEES ARE \$50.00.

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

THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIFIED HEREIN. REASONABLE HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE

Project/Case #

BLDG-03-20-000065

Address:

205 Brunswick DR, Griffin Georgia 30223

Parcel Number(s):

314 01017

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect ☐Make Addition ☐Remodel ☐Repair ☐Other

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

Land Use : Residential ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Taft Street / Elevation 5

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., #600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@pulte.com,bryan.scoi				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	205 Brunswick Dr		

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

TAX MAP REFERENCE:	314	BLOCK:	01	PARCEL:	017	LOT:	01716	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:		ACRES:	.1463	FRONT FEET:	47.01	DEPTH OF SIDE:	135.87	SUBDIVISION:	Yes

Project Name: 205 Brunswick Dr

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):\$ 106719

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

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	87	SQ. FOOTAGE HEATED	1592	NO. BATHS	2

WIDTH	30	SQ FOOTAGE GARAGE	440	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	1592	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	280
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2312

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

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply:
		<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas

ENERGY CODE COMPLIANCE METHOD: ☒Performance ☐Prescriptive ☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	20	MINIMUM SIDEYARD:	5
MINIMUM REARYARD:	20	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	Araceli Dunn	DATE:	03/03/2020
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REINSPECTION FEES ARE \$50.00.

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

THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIFIED HEREIN. REASONA

Project/Case #

BLDG-03-20-000067

Address:

233 Brunswick DR, Griffin Georgia 30223

Parcel Number(s):

314 01031

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect ☐Make Addition ☐Remodel ☐Repair ☐Other

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

Land Use : ☐Residential ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment ☐Residential Condominium ☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Steel Creek / Elevation 4

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	233 Brunswick Dr		

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

TAX MAP REFERENCE:	314	BLOCK:	01	PARCEL:	031	LOT:	03116	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.1315	FRONT FEET:	42	DEPTH OF SIDE:	136.38	SUBDIVISION:	Y	

Project Name: 233 Brunswick Dr

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):

\$ 99606

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

BUILDING INFORMATION

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

LENGTH	78	SQ. FOOTAGE HEATED	1505	NO. BATHS	2
WIDTH	30	SQ FOOTAGE GARAGE	433	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	5
1st FLOOR SQ. FT.	1505	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	227
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2165

FOUNDATION :

☐Basement ☐Block ☐Crawl Space ☐Piers/Skirting ☐Poured Walls ☒Slab

INTERIOR WALLS :

☒Drywall ☐Panel ☐Wood ☐Other

ATTIC AREA :

☐Finished ☒Unfinished

FLOOR FINISH :

☒Carpet ☒Hardwood ☒Tile ☒Vinyl ☐Other

FIREPLACE :

☐Insert ☐Masonry

ROOF TYPE :

☒Gable ☐Gambrel ☐Hip ☐Other

ROOFING :

☒Metal ☒Shingles ☐Other

EXTERIOR FINISH :

☒Brick ☒Hardboard ☐Masonte ☐Stucco ☐Vinyl ☐Wood ☐Other

ROOF PITCH :

5.5

HEATING SYSTEM :

☒Central Air ☒Central Heat ☐Heat Pump ☐Other

SANITATION :

☒Public Sewer ☐Septic Tank

WATER :

☐Private ☒Public

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)

☐Odd Shape

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

☐Fiber glass ☐Gunitite ☐Vinyl

LENGTH :

WIDTH :

Are you combining this Building Permit

Select all that apply:

Application with Mechanical, Electrical, Plumbing or Gas?		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas	
ENERGY CODE COMPLIANCE METHOD: <input checked="" type="checkbox"/> Performance <input type="checkbox"/> Prescriptive <input type="checkbox"/> Trade Offs				
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:				
MINIMUM FRONT YARD:		20	MINIMUM SIDEYARD:	
MINIMUM REARYARD:		20	BUFFER:	
SCREENING REQUIRED:				
(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)				
IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE THAT I UNDERSTAND / IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCO NOT BEAR AN ORIGINAL OF MY SIGNATURE.				
APPLICANT		Araceli Dunn	DATE:	03/03/2020
REINSPECTION FEES ARE \$50.00. A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS A ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE WORK IS COMMENCED. THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIIFE REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRECTNESS OF THE INFORMATION CONTAIN COUNTY'S APPRAISAL RECORD FOR THE PROPERTY.				

Project/Case #

BLDG-03-20-000069

Address:

235 Brunswick DR, Griffin Georgia 30223

Parcel Number(s):

314 01032

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL
INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect ☐Make Addition ☐Remodel ☐Repair ☐Other

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

Land Use : ☐Residentia ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment ☐Residential Condominium ☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Steel Creek / Elevation 6

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkw., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	235 Brunswick Dr		

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

TAX MAP REFERENCE:	314	BLOCK:	01	PARCEL:	032	LOT:	03216	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.1315	FRONT FEET:	42	DEPTH OF SIDE:	136.38	SUBDIVISION:	Y	

Project Name: 235 Brunswick Dr

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):

\$ 94125

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

BUILDING INFORMATION

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

LENGTH	78	SQ. FOOTAGE HEATED	1355	NO. BATHS	2
WIDTH	30	SQ FOOTAGE GARAGE	433	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	4
1st FLOOR SQ. FT.	1355	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	218
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2006

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

PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE)

☐Odd Shape

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

☐Fiber glass☐Gunitite☐Vinyl

LENGTH :

WIDTH :

Are you combining this Building Permit

Select all that apply:

Application with Mechanical, Electrical, Plumbing or Gas?		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas	
ENERGY CODE COMPLIANCE METHOD: <input type="checkbox"/> Performance <input type="checkbox"/> Prescriptive <input type="checkbox"/> Trade Offs				
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:				
MINIMUM FRONT YARD:		20	MINIMUM SIDEYARD: 5	
MINIMUM REARYARD:		20	BUFFER:	
SCREENING REQUIRED:				
<p>(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)</p> <p>IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE THAT I UNDERSTAND / IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCO NOT BEAR AN ORIGINAL OF MY SIGNATURE.</p>				
APPLICANT		Araceli Dunn	DATE:	03/03/2020
<p>REINSPECTION FEES ARE \$50.00.</p> <p>A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS A ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE WORK IS COMMENCED.</p> <p>THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY'S VALUE FOR THE PROPERTY IDENTIIFE REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRECTNESS OF THE INFORMATION CONTAIN COUNTY'S APPRAISAL RECORD FOR THE PROPERTY.</p>				

Project/Case #

BLDG-03-20-000071

Address:

Parcel Number(s):

Location Details:

310 Tea Rose CT, Griffin Georgia 30223

31301058

Lot 5, Pod 9

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use :

Residentia

☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings :
1

Provide a brief description of the project

Napa Valley / Elevation 8 Plan

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy.,Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@jwhomes.com, david.crankshaw@pulte.com, david.shumaker@pulte.com				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	310 Tea Rose Court		

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

TAX MAP REFERENCE:	310	BLOCK:	01	PARCEL:	058	LOT:	05809	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.3097	FRONT FEET:	46.75	DEPTH OF	138.46	SUBDIVISION:	Y	

			FEET		SIDE:		
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Project Name: 310 Tea Rose Court

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 130691
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
LENGTH	74	SQ. FOOTAGE HEATED	2417	NO. BATHS	2		
WIDTH	54	SQ FOOTAGE GARAGE	622	NO. BEDROOMS	2		
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	7		
1st FLOOR SQ. FT.	2417	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	260		
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3299		

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

PLUMBING: (please give number to each)							
TUBS	0	SHOWERS	2	TUB/SHOWER	0	LAVATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2		

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		LENGTH : <input type="text"/>	WIDTH : <input type="text"/>
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl			

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply: <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas
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ENERGY CODE COMPLIANCE METHOD: ☒ Performance ☐ Prescriptive ☐ Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	<input type="text" value="20"/>	MINIMUM SIDEYARD:	<input type="text" value="5"/>
MINIMUM REARYARD:	<input type="text" value="20"/>	BUFFER:	<input type="text"/>
SCREENING REQUIRED:	<input type="text"/>		

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	<input type="text" value="Araceli Dunn"/>	DATE:	<input type="text" value="03/11/2020"/>
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REINSPECTION FEES ARE \$50.00.

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

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

Project/Case #

BLDG-03-20-000073

Address:

Parcel Number(s):

Location Details:

129 Little Gem CT, Griffin Georgia 30223

31301044

Lot 044 Pod 9

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect ☐Make Addition ☐Remodel ☐Repair ☐Other

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

Land Use : ☐Residentia ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment ☐Residential Condominium ☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Dunwoody Way / Elevation 4

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com, David.crankshaw@pulte.com, David.shumaker@pulte.com				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	129 Little Gem Court		

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

TAX MAP REFERENCE:	313	BLOCK:	01	PARCEL:	044	LOT:	04409	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.2137	FRONT FEET:	80.83	DEPTH OF	132.9	SUBDIVISION:	y	

			FEET		SIDE:		
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Project Name: 129 Little Gem Court

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 126694
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
	LENGTH	71	SQ. FOOTAGE HEATED	2429	NO. BATHS	2.5	
	WIDTH	54	SQ FOOTAGE GARAGE	547	NO. BEDROOMS	3	
	STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6	
	1st FLOOR SQ. FT.	2429	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	389	
	FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3365	

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

PLUMBING: (please give number to each)			
TUBS	1	SHOWERS	2
TOILETS	3	KITCHEN SINKS	1
FLOOR DRAINS	0	WASHING MACHINE	1
		TUB/SHOWER	0
		WATER HEATER	1
		OTHER	2
		LAVATORIES	4
		DISHWASHER	1

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl		LENGTH : <input type="text"/>	WIDTH : <input type="text"/>

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply:
		<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas

ENERGY CODE COMPLIANCE METHOD: ☐Performance☐Prescriptive☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	<input type="text" value="20"/>	MINIMUM SIDEYARD:	<input type="text" value="5"/>
MINIMUM REARYARD:	<input type="text" value="20"/>	BUFFER:	<input type="text"/>
SCREENING REQUIRED:	<input type="text"/>		

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	<input type="text" value="Araceli Dunn"/>	DATE:	<input type="text" value="03/11/2020"/>
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REINSPECTION FEES ARE \$50.00.

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

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

Project/Case #

BLDG-03-20-000076

Address:

227 Brunswick DR, Griffin Georgia 30223

Parcel Number(s):

314 01028

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

<input checked="" type="radio"/> Erect <input type="radio"/> Make Addition <input type="radio"/> Remodel <input type="radio"/> Repair <input type="radio"/> Other			
<input type="radio"/> Accessory <input type="radio"/> Commercial <input type="radio"/> Industrialized <input type="radio"/> Manufactured <input type="radio"/> Multi Family <input checked="" type="radio"/> Single Family <input type="radio"/> Other			
Land Use : Residential	<input type="radio"/> Inside City of Griffin <input checked="" type="radio"/> Outside City of Griffin		
<input type="radio"/> Apartment	<input type="radio"/> Residential Condominium	<input checked="" type="radio"/> Single Family Detached Housing	No of Dwellings : 1
Provide a brief description of the project Taft Street / Elevation 8			

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600	
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com, david.crankshaw@pulte.com,david.shumaker@pulte.com				For multiple emails, enter comma separated email addresses	
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP: 30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	227 Brunswick Dr	

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

TAX MAP REFERENCE:	314	BLOCK:	01	PARCEL:	028	LOT:	28	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.1313	FRONT FEET:	42	DEPTH OF	136.21	SUBDIVISION:	Y	

			FEET		SIDE:		
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Project Name: 227 Brunswick Dr

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 95727
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

BUILDING INFORMATION					
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)					
LENGTH	77	SQ. FOOTAGE HEATED	1595	NO. BATHS	2
WIDTH	30	SQ FOOTAGE GARAGE	440	NO. BEDROOMS	2
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6
1st FLOOR SQ. FT.	1595	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	113
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2148

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

PLUMBING: (please give number to each)					
TUBS	0	SHOWERS	1	TUB/SHOWER	1
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	2
SWIMMING POOL (IF APPLICABLE)		<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No		
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl			LENGTH :	WIDTH :	
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply: <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas		
ENERGY CODE COMPLIANCE METHOD: <input type="checkbox"/> Performance <input type="checkbox"/> Prescriptive <input type="checkbox"/> Trade Offs					
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:					
MINIMUM FRONT YARD:		20	MINIMUM SIDEYARD:		5
MINIMUM REARYARD:		20	BUFFER:		
SCREENING REQUIRED:					
(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)					
IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE UNDERSTAND AND WILL IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ZONING ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL T EVEN THOUGH THE SAID PHOTOCOPY DOES NOT BEAR AN ORIGINAL OF MY SIGNATURE.					
APPLICANT		Araceli Dunn	DATE:		03/17/2020
REINSPECTION FEES ARE \$50.00.					
A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WIT DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PE 180 DAYS AFTER THE TIME THE WORK IS COMMENCED.					
THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY’S VALUE FOR THE PR IDENTIIED HEREIN. REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRI OF THE INFORMATION CONTAINED IN THE COUNTY’S APPRAISAL RECORD FOR THE PROPERTY.					

Project/Case #

BLDG-03-20-000078

Address:

147 Little Gem CT, Griffin Georgia 30223

Parcel Number(s):

313 01049

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

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

<input checked="" type="radio"/> Erect <input type="radio"/> Make Addition <input type="radio"/> Remodel <input type="radio"/> Repair <input type="radio"/> Other			
<input type="radio"/> Accessory <input type="radio"/> Commercial <input type="radio"/> Industrialized <input type="radio"/> Manufactured <input type="radio"/> Multi Family <input checked="" type="radio"/> Single Family <input type="radio"/> Other			
Land Use : Residential	<input type="radio"/> Inside City of Griffin <input checked="" type="radio"/> Outside City of Griffin		
<input type="radio"/> Apartment	<input type="radio"/> Residential Condominium	<input checked="" type="radio"/> Single Family Detached Housing	No of Dwellings : 1
Provide a brief description of the project Dunwoody Way / Elevation 4			

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkw., Ste. 600
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com,david.crankshaw@pulte.com,david.shumaker@pulte				For multiple emails, enter comma separated email addresses
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia
ZIP:	30009	OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC
BUILDING ADDRESS:	147 Little Gem Court				

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

TAX MAP REFERENCE:	313	BLOCK:	01	PARCEL:	049	LOT:	04909	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.2577	FRONT FEET:	108.77	DEPTH OF	142.05	SUBDIVISION:	Y	

			FEET:		SIDE:		
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Project Name: 147 Little Gem Ct

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 123675
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
	LENGTH	72.8	SQ. FOOTAGE HEATED	2504	NO. BATHS	2.5	
	WIDTH	54.0	SQ FOOTAGE GARAGE	628	NO. BEDROOMS	2	
	STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	6	
	1st FLOOR SQ. FT.	2504	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	309	
	FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3441	

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

PLUMBING: (please give number to each)							
TUBS	1	SHOWERS	2	TUB/SHOWER	0	LAVATORIES	4
TOILETS	3	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	3		

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		LENGTH : <input type="text"/>	WIDTH : <input type="text"/>
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl			

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply:
		<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas

ENERGY CODE COMPLIANCE METHOD: ☒ Performance ☐ Prescriptive ☐ Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	<input type="text" value="20"/>	MINIMUM SIDEYARD:	<input type="text" value="5"/>
MINIMUM REARYARD:	<input type="text" value="20"/>	BUFFER:	<input type="text"/>
SCREENING REQUIRED:	<input type="text"/>		

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	<input type="text" value="Araceli Dunn"/>	DATE:	<input type="text" value="03/17/2020"/>
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REINSPECTION FEES ARE \$50.00.

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

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

Project/Case #

BLDG-03-20-000080

Address:

153 Little Gem CT, Griffin Georgia 30223

Parcel Number(s):

31301052

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use :

Residentia

☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings :

1

Provide a brief description of the project

Dunwoody Way / Elevation 5

APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME:	Dunn	MAILING ADDRESS:	2475 Northwinds Pkwy., Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney@pulte.com,david.crankshaw@pulte.com,david.shumaker@pulte					For multiple emails, enter comma separated email addresses	
TELEPHONE:	6783737118	CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME:	Company LLC	BUILDING ADDRESS:	153 Little Gem Court		

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

TAX MAP REFERENCE:	313	BLOCK:	01	PARCEL:	052	LOT:	05209	ZONING DISTRICT:	AAR Condition
LOT DESCRIPTION:	ACRES:	.1939	FRONT FEET:	66	DEPTH OF	128	SUBDIVISION:	Y	

FEET:

SIDE:

Project Name: 153 Little Gem Ct

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):

\$ 125245

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

BUILDING INFORMATION

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

LENGTH	76.8	SQ. FOOTAGE HEATED	2666	NO. BATHS	2.5
WIDTH	54	SQ FOOTAGE GARAGE	547	NO. BEDROOMS	3
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	7
1st FLOOR SQ. FT.	2666	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	292
FIREPLACE:	<input checked="" type="radio"/> No <input type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3505

FOUNDATION :

☐Basement ☐Block ☐Crawl Space ☐Piers/Skirting ☐Poured Walls ☒Slab

INTERIOR WALLS :

☒Drywall ☐Panel ☐Wood ☐Other

ATTIC AREA :

☐Finished ☒Unfinished

FLOOR FINISH :

☒Carpet ☒Hardwood ☒Tile ☒Vinyl
☐Other

FIREPLACE :

☐Insert ☐Masonry

ROOF TYPE :

☒Gable ☐Gambrel ☐Hip ☐Other

ROOFING :

☒Metal ☒Shingles ☐Other

EXTERIOR FINISH :

☐Brick ☒Hardboard ☐Masonte ☐Stucco ☐Vinyl ☐Wood ☒
Other Stone

ROOF PITCH : 5.5

HEATING SYSTEM :

☒Central Air ☒Central Heat ☐Heat Pump ☐Other

SANITATION :

☒Public Sewer ☐Septic Tank

WATER :

☐Private ☒Public

PLUMBING: (please give number to each)			
TUBS	0	SHOWERS	1
TOILETS	3	KITCHEN SINKS	1
FLOOR DRAINS	0	WASHING MACHINE	1
		TUB/SHOWER	1
		WATER HEATER	1
		OTHER	3
SWIMMING POOL (IF APPLICABLE)		Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="checkbox"/> Odd Shape		LENGTH : <input type="text"/>	WIDTH : <input type="text"/>
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl			

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply:
		<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas

ENERGY CODE COMPLIANCE METHOD: ☒Performance☐Prescriptive☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	<input type="text" value="20"/>	MINIMUM SIDEYARD:	<input type="text" value="5"/>
MINIMUM REARYARD:	<input type="text" value="20"/>	BUFFER:	<input type="text"/>
SCREENING REQUIRED:	<input type="text"/>		

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	Araceli Dunn	DATE:	03/17/2020
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REINSPECTION FEES ARE \$50.00.

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

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

Project/Case #

BLDG-03-20-000082

Address:

108 Robin RD, Brooks Georgia Spalding 30205

Parcel Number(s):

282A01006

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use :

Residentia

☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings :

1

Provide a brief description of the project

Single Family Residence

APPLICANT FIRST NAME:	Scott	APPLICANT LAST NAME:	Greene	MAILING ADDRESS:	PO box 926		
CONTACT FOR INSPECTIONS EMAIL	scottg1368@yahoo.com, donnietqh@gmail.com					For multiple emails, enter comma separated email addresses	
TELEPHONE:	(678) 758-1513	CITY:	Greenville	STATE:	Georgia	ZIP:	30222
OWNER FIRST NAME:	David	OWNER LAST NAME:	Chapman	BUILDING ADDRESS:	108 Robin Rd		

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

TAX MAP REFERENCE:	282A	BLOCK:	01	PARCEL:	006	LOT:	6	ZONING DISTRICT:	AR-1
				FRONT		DEPTH			Exterior

LOT DESCRIPTION:	ACRES:	3.38	FRONT FEET:	327	OF SIDE:	527	SUBDIVISION:	Fairview Estates
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Project Name: 108 Robin Rd

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 200000
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
LENGTH	58	SQ. FOOTAGE HEATED	2330	NO. BATHS	2		
WIDTH	53	SQ FOOTAGE GARAGE	482	NO. BEDROOMS	4		
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	8		
1st FLOOR SQ. FT.	2330	SQ. FOOTAGE PATIO(S)	168	SQ. FOOTAGE COVERED PORCHES	75		
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2887		

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab					
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other		ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other		FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other		ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other			ROOF PITCH :	10/12	
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Other					

SANITATION :		<input type="radio"/> Public Sewer <input checked="" type="radio"/> Septic Tank		WATER :		<input checked="" type="radio"/> Private <input type="radio"/> Public	
PLUMBING: (please give number to each)							
TUBS		1		SHOWERS		1	
TOILETS		2		KITCHEN SINKS		1	
FLOOR DRAINS		0		WASHING MACHINE		1	
				TUB/SHOWER		1	
				WATER HEATER		1	
				OTHER		10	
SWIMMING POOL (IF APPLICABLE)		<input type="checkbox"/> Odd Shape		Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl				LENGTH : <input type="text"/>		WIDTH : <input type="text"/>	
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		<input checked="" type="radio"/> Yes <input type="radio"/> No		Select all that apply:			
				<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Gas			
ENERGY CODE COMPLIANCE METHOD: <input type="checkbox"/> Performance <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Trade Offs							
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:							
MINIMUM FRONT YARD:		<input type="text"/> 100'		MINIMUM SIDEYARD:		<input type="text"/> 25'	
MINIMUM REARYARD:		<input type="text"/> 25'		BUFFER:		<input type="text"/>	
SCREENING REQUIRED:		<input type="text"/>					
(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)							
IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE UNDERSTAND AND WILL IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ZONING ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL T EVEN THOUGH THE SAID PHOTOCOPY DOES NOT BEAR AN ORIGINAL OF MY SIGNATURE.							
APPLICANT		<input type="text"/> Scott Greene		DATE:		<input type="text"/> 03/26/2020	
REINSPECTION FEES ARE \$50.00.							
A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WIT DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PE 180 DAYS AFTER THE TIME THE WORK IS COMMENCED.							
THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY’S VALUE FOR THE PR IDENTIIED HEREIN. REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRI OF THE INFORMATION CONTAINED IN THE COUNTY’S APPRAISAL RECORD FOR THE PROPERTY.							

Project/Case #

BLDG-03-20-000084

Address:

Parcel Number(s):

Location Details:

110 Robin RD, Brooks Georgia 30205

282 01003A

Corner of Robin Road and Courtland Road

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect ☐Make Addition ☐Remodel ☐Repair ☐Other

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

Land Use : ☐Residentia ☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment ☐Residential Condominium ☒Single Family Detached Housing

No of Dwellings : 1

Provide a brief description of the project

Single Family Residence

APPLICANT FIRST NAME:	Scott	APPLICANT LAST NAME:	Greene	MAILING ADDRESS:	PO box 926		
CONTACT FOR INSPECTIONS EMAIL	scottg1368@yahoo.com, donnietqh@gmail.com				For multiple emails, enter comma separated email addresses		
TELEPHONE:	6787581513	CITY:	Senoia	STATE:	Georgia	ZIP:	30222
OWNER FIRST NAME:	David	OWNER LAST NAME:	Chapman	BUILDING ADDRESS:	110 Robin Rd		

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

TAX MAP REFERENCE:	282	BLOCK:	01	PARCEL:	003A	LOT:		ZONING DISTRICT:	AR-1
LOT DESCRIPTION:	ACRES:	3.09	FRONT FEET:	315	DEPTH OF	527	SUBDIVISION:	Fairview Estates	

			FEET		SIDE:		Estate
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Project Name: 110 Robin Rd

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 210000
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
LENGTH	53	SQ. FOOTAGE HEATED	1926	NO. BATHS	2		
WIDTH	53	SQ FOOTAGE GARAGE	400	NO. BEDROOMS	4		
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	8		
1st FLOOR SQ. FT.	1926	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	108		
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2434		

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab					
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other		ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other		FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other		ROOFING :	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other			ROOF PITCH :	10/12	
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Other					
SANITATION :	<input type="radio"/> Public Sewer <input checked="" type="radio"/> Septic Tank		WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public		

PLUMBING: (please give number to each)					
TUBS	1	SHOWERS	1	TUB/SHOWER	1
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER	
SWIMMING POOL (IF APPLICABLE)		<input type="checkbox"/> Odd Shape		Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl				LENGTH :	WIDTH :
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		<input checked="" type="radio"/> Yes <input type="radio"/> No		Select all that apply: <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas	
ENERGY CODE COMPLIANCE METHOD: <input type="checkbox"/> Performance <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Trade Offs					
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:					
MINIMUM FRONT YARD:		100		MINIMUM SIDEYARD:	
MINIMUM REARYARD:		25		BUFFER:	
SCREENING REQUIRED:					
(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)					
IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE UNDERSTAND AND WILL IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ZONING ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL T EVEN THOUGH THE SAID PHOTOCOPY DOES NOT BEAR AN ORIGINAL OF MY SIGNATURE.					
APPLICANT		Scott Greene		DATE: 03/27/2020	
REINSPECTION FEES ARE \$50.00.					
A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WIT DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PE 180 DAYS AFTER THE TIME THE WORK IS COMMENCED.					
THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY’S VALUE FOR THE PR IDENTIIED HEREIN. REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRI OF THE INFORMATION CONTAINED IN THE COUNTY’S APPRAISAL RECORD FOR THE PROPERTY.					

Project/Case #

BLDG-03-20-000086

Address:

183 Courtland RD, Brooks Georgia 30205-27ND

Parcel Number(s):

282A01010

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

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

<input checked="" type="radio"/> Erect <input type="radio"/> Make Addition <input type="radio"/> Remodel <input type="radio"/> Repair <input type="radio"/> Other			
<input type="radio"/> Accessory <input type="radio"/> Commercial <input type="radio"/> Industrialized <input type="radio"/> Manufactured <input type="radio"/> Multi Family <input checked="" type="radio"/> Single Family <input type="radio"/> Other			
Land Use : Residential		<input type="radio"/> Inside City of Griffin <input checked="" type="radio"/> Outside City of Griffin	
<input type="radio"/> Apartment	<input type="radio"/> Residential Condominium	<input checked="" type="radio"/> Single Family Detached Housing	No of Dwellings : 1
Provide a brief description of the project Single Family Residence			

APPLICANT FIRST NAME:	Scott	APPLICANT LAST NAME:	Greene	MAILING ADDRESS:	PO box 926	
CONTACT FOR INSPECTIONS EMAIL	scottg1368@yahoo.com, donnietqh@gmail.com				For multiple emails, enter comma separated email addresses	
TELEPHONE:	(678) 758-1513	CITY:	Greenville	STATE:	Georgia	ZIP: 30222
OWNER FIRST NAME:	David	OWNER LAST NAME:	Chapman	BUILDING ADDRESS:	183 Courtland Rd	

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

TAX MAP REFERENCE:	282A	BLOCK:	01	PARCEL:	010	LOT:		ZONING DISTRICT:	AR-1
				FRONT		DEPTH			Exterior

LOT DESCRIPTION:	ACRES:	3.07	FRONT FEET:	201	OF SIDE:	675	SUBDIVISION:	Fairview Estates
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Project Name: 183 Courtland Rd

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 210000
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
	LENGTH	53	SQ. FOOTAGE HEATED	1926	NO. BATHS	2	
	WIDTH	53	SQ FOOTAGE GARAGE	400	NO. BEDROOMS	4	
	STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	8	
	1st FLOOR SQ. FT.	1926	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	108	
	FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2434	

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab						
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other			ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other			FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other			ROOFING :	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input type="checkbox"/> Hardboard <input checked="" type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other				ROOF PITCH :	10/12	
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Other						

SANITATION :	<input type="radio"/> Public Sewer <input checked="" type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public
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PLUMBING: (please give number to each)

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

SWIMMING POOL (IF APPLICABLE) <input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<div style="border: 1px solid black; padding: 5px;"> Select all that apply: </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input checked="" type="checkbox"/>Mechanical <input checked="" type="checkbox"/>Electrical <input checked="" type="checkbox"/>Plumbing <input type="checkbox"/>Gas </div>
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ENERGY CODE COMPLIANCE METHOD: ☐Performance☒Prescriptive☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	100	MINIMUM SIDEYARD:	12
MINIMUM REARYARD:	25	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	Scott Greene	DATE:	03/27/2020
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REINSPECTION FEES ARE \$50.00.

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

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

Project/Case #

BLDG-03-20-000088

Address:

100 Courtland RD, Brooks Georgia Spalding
30205-27ND

Parcel Number(s):

282A01014

Location Details:

Fairview Estates Lot 14

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use : ☐Residentia

☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings :
1

Provide a brief description of the project

Single Family Residence

APPLICANT FIRST NAME:	Scott	APPLICANT LAST NAME:	Greene	MAILING ADDRESS:	PO box 926		
CONTACT FOR INSPECTIONS EMAIL	Scottg1368@yahoo.com, donnietqh@gmail.com				For multiple emails, enter comma separated email addresses		
TELEPHONE:	(678) 758-1513	CITY:	Greenville	STATE:	Georgia	ZIP:	30222
OWNER FIRST NAME:	David	OWNER LAST NAME:	Chapman	BUILDING ADDRESS:	100 Courtland Rd		

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

TAX MAP REFERENCE:	282A	BLOCK:	01	PARCEL:	014	LOT:		ZONING DISTRICT:	AR-1
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LOT DESCRIPTION:	ACRES:	3.04	FRONT FEET:	450	DEPTH OF SIDE:	447	SUBDIVISION:	Fairview Estates
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Project Name: 100 Courtland Rd

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 192000
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
LENGTH	53	SQ. FOOTAGE HEATED	1926	NO. BATHS	2		
WIDTH	53	SQ FOOTAGE GARAGE	400	NO. BEDROOMS	4		
STORIES	1	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	8		
1st FLOOR SQ. FT.	1926	SQ. FOOTAGE PATIO(S)	120	SQ. FOOTAGE COVERED PORCHES	108		
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2434		

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab					
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other		ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other		FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input checked="" type="radio"/> Gable <input type="radio"/> Gambrel <input type="radio"/> Hip <input type="radio"/> Other		ROOFING :	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other			ROOF PITCH :	10/12	
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Other					

HEATING SYSTEM : <input checked="" type="radio"/> Central Air <input checked="" type="radio"/> Central Heat <input checked="" type="radio"/> Heat Pump <input type="radio"/> Other			
SANITATION : <input type="radio"/> Public Sewer <input checked="" type="radio"/> Septic Tank		WATER : <input type="radio"/> Private <input checked="" type="radio"/> Public	
PLUMBING: (please give number to each)			
TUBS 1		SHOWERS 1	
TUB/SHOWER 1		LAVATORIES 3	
TOILETS 2		KITCHEN SINKS 1	
WATER HEATER 1		DISHWASHER 1	
FLOOR DRAINS 0		WASHING MACHINE 1	
OTHER			
SWIMMING POOL (IF APPLICABLE)		Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="checkbox"/> Odd Shape			
<input type="radio"/> Fiber glass <input type="radio"/> Gunitite <input type="radio"/> Vinyl		LENGTH : WIDTH :	
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
		Select all that apply:	
		<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas	
ENERGY CODE COMPLIANCE METHOD: <input type="checkbox"/> Performance <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Trade Offs			
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:			
MINIMUM FRONT YARD:		100	
MINIMUM REARYARD:		25	
MINIMUM SIDEYARD:		25	
BUFFER:			
SCREENING REQUIRED:			
(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)			
IN CONSIDERATION OF THE GRANTING OF A ZONING CERTIFICATE AND BUILDING PERMIT, I DO HEREBY AGREE UNDERSTAND AND WILL IN ALL RESPECTS CONSTRUCT THE WORK IN ACCORDANCE WITH ALL RULES AND REGULATIONS OF THE SPALDING COUNTY ZONING ORDINANCE. A PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS AN ORIGINAL T EVEN THOUGH THE SAID PHOTOCOPY DOES NOT BEAR AN ORIGINAL OF MY SIGNATURE.			
APPLICANT		Scott Greene	
DATE:		03/27/2020	
REINSPECTION FEES ARE \$50.00.			
A PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WIT DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PE 180 DAYS AFTER THE TIME THE WORK IS COMMENCED.			
THE SIGNING OF THIS PERMIT APPLICATION WILL BE CAUSE FOR A REVIEW OF THE COUNTY’S VALUE FOR THE PR IDENTIFIIFED HEREIN. REASONABLE NOTICE IS HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR THE PURPOSE OF DETERMINING THE CORRI OF THE INFORMATION CONTAINED IN THE COUNTY’S APPRAISAL RECORD FOR THE PROPERTY.			

Project/Case #

BLDG-03-20-000090

Address:

109 Robin RD, Brooks Georgia Spalding
30205

Parcel Number(s):

282A01015

Location Details:

Fairview Estates Lot 15

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☒Erect☐Make Addition☐Remodel☐Repair ☐Other

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

Land Use : ☒Residentia☐Inside City of Griffin☒Outside City of Griffin

☐Apartment☐Residential Condominium☒Single Family Detached Housing

No of Dwellings :
1

Provide a brief description of the project

Single Family Residence

APPLICANT FIRST NAME:	Scott	APPLICANT LAST NAME:	Greene	MAILING ADDRESS:	PO box 926		
CONTACT FOR INSPECTIONS EMAIL	scottg1368@yahoo.com, donnietqh@gmail.com				For multiple emails, enter comma separated email addresses		
TELEPHONE:	(678) 758-1513	CITY:	Greenville	STATE:	Georgia	ZIP:	30222
OWNER FIRST NAME:	David	OWNER LAST NAME:	Chapman	BUILDING ADDRESS:	109 Robin Rd		

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

TAX MAP REFERENCE:	282A	BLOCK:	01	PARCEL:	015	LOT:		ZONING DISTRICT:	AR-1
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LOT DESCRIPTION:	ACRES:	3.01	FRONT FEET:	249	DEPTH OF SIDE:	652	SUBDIVISION:	Fairview Estates
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Project Name: 109 Robin Rd

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 225000
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LICENSE TYPE : ☒Contractor ☐Limited Specialty / Traditional Specialty / Installer ☐Owner Builder

	BUILDING INFORMATION						
	(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)						
LENGTH	45	SQ. FOOTAGE HEATED	2655	NO. BATHS	2.5		
WIDTH	42	SQ FOOTAGE GARAGE	441	NO. BEDROOMS	4		
STORIES	2	SQ FOOTAGE CARPORT	0	TOTAL ROOMS	9		
1st FLOOR SQ. FT.	1200	SQ. FOOTAGE PATIO(S)	140	SQ. FOOTAGE COVERED PORCHES	132		
FIREPLACE:	<input type="radio"/> No <input checked="" type="radio"/> Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3228		

FOUNDATION :	<input type="checkbox"/> Basement <input type="checkbox"/> Block <input type="checkbox"/> Crawl Space <input type="checkbox"/> Piers/Skirting <input type="checkbox"/> Poured Walls <input checked="" type="checkbox"/> Slab					
INTERIOR WALLS :	<input checked="" type="checkbox"/> Drywall <input type="checkbox"/> Panel <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other		ATTIC AREA :	<input type="checkbox"/> Finished <input checked="" type="checkbox"/> Unfinished		
FLOOR FINISH :	<input checked="" type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input checked="" type="checkbox"/> Tile <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Other		FIREPLACE :	<input checked="" type="radio"/> Insert <input type="radio"/> Masonry		
ROOF TYPE :	<input type="radio"/> Gable <input type="radio"/> Gambrel <input checked="" type="radio"/> Hip <input type="radio"/> Other		ROOFING :	<input checked="" type="checkbox"/> Metal <input checked="" type="checkbox"/> Shingles <input type="checkbox"/> Other		
EXTERIOR FINISH :	<input checked="" type="checkbox"/> Brick <input checked="" type="checkbox"/> Hardboard <input type="checkbox"/> Masonte <input type="checkbox"/> Stucco <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other			ROOF PITCH :	11/12	
HEATING SYSTEM :	<input checked="" type="checkbox"/> Central Air <input checked="" type="checkbox"/> Central Heat <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Other					

HEATING SYSTEM : <input checked="" type="radio"/> Central Air <input checked="" type="radio"/> Central Heat <input checked="" type="radio"/> Heat Pump <input type="radio"/> Other	
SANITATION : <input type="radio"/> Public Sewer <input checked="" type="radio"/> Septic Tank	WATER : <input checked="" type="radio"/> Private <input type="radio"/> Public

PLUMBING: (please give number to each)

TUBS	1	SHOWERS	1	TUB/SHOWER	1	LAVATORIES	5
TOILETS	3	KITCHEN SINKS	1	WATER HEATER	1	DISHWASHER	1
FLOOR DRAINS	0	WASHING MACHINE	1	OTHER			

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl		LENGTH :	WIDTH :

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Select all that apply:
		<input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Gas

ENERGY CODE COMPLIANCE METHOD: ☐ Performance ☐ Prescriptive ☐ Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	100	MINIMUM SIDEYARD:	25
MINIMUM REARYARD:	25	BUFFER:	
SCREENING REQUIRED:			

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	Scott Greene	DATE:	03/27/2020
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REINSPECTION FEES ARE \$50.00.

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

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

Project/Case #BLDG-03-20-000099

Address:1284 N Walkers Mill RD, Griffin GeorgiaSpalding 30223

Parcel Number(s):213A01030

Location Details:Oxford Forest Subdivision

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT
SPALDING COUNTY, GEORGIA

ZONING CERTIFICATE:		PERMIT NO:		FEE \$		REC.	
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I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:

☐Erect☐Make Addition☐Remodel☐Repair ☒Other

Install

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

Camper

Land Use :

Residentia

☐Inside City of Griffin ☒Outside City of Griffin

☐Apartment

☐Residential Condominium

☒Single Family Detached Housing

No of Dwellings :

1

Provide a brief description of the project

Temporary camper for use while house is being built.

APPLICANT FIRST NAME:	Stacy	APPLICANT LAST NAME:	Toumbleston	MAILING ADDRESS:	1284 N Walkers Mill Rd		
CONTACT FOR INSPECTIONS EMAIL	stacy.toumbleston@trane.com				For multiple emails, enter comma separated email addresses		
TELEPHONE:	(404) 851-7083	CITY:	Griffin	STATE:	Georgia	ZIP:	30223
OWNER FIRST NAME:	Stacy	OWNER LAST NAME:	Toumbleston	BUILDING ADDRESS:	1284 N Walkers Mill Rd		

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

TAX MAP REFERENCE:	213A	BLOCK:	01	PARCEL:	030	LOT:		ZONING DISTRICT:	AR1
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LOT DESCRIPTION:	ACRES:	6.37	FRONT FEET:	300	DEPTH OF SIDE:	1241	SUBDIVISION:	Oxford Forest
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Project Name: 1284 N Walkers Mill Rd

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

ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 1000.00
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LICENSE TYPE : ☐Contractor ☐Limited Specialty / Traditional Specialty / Installer ☒Owner Builder

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

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

SANITATION :	<input type="radio"/> Public Sewer <input type="radio"/> Septic Tank	WATER :	<input type="radio"/> Private <input checked="" type="radio"/> Public
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PLUMBING: (please give number to each)

TUBS	<input type="text" value="0"/>	SHOWERS	<input type="text" value="0"/>	TUB/SHOWER	<input type="text" value="0"/>	LAVATORIES	<input type="text" value="0"/>
TOILETS	<input type="text" value="0"/>	KITCHEN SINKS	<input type="text" value="0"/>	WATER HEATER	<input type="text" value="0"/>	DISHWASHER	<input type="text" value="0"/>
FLOOR DRAINS	<input type="text" value="0"/>	WASHING MACHINE	<input type="text" value="0"/>	OTHER	<input type="text" value="0"/>		

SWIMMING POOL (IF APPLICABLE)	<input type="checkbox"/> Odd Shape	Is this Permit for a Swimming Pool ? <input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Fiber glass <input type="radio"/> Gunite <input type="radio"/> Vinyl		LENGTH : <input style="width: 50px;" type="text"/>	WIDTH : <input style="width: 50px;" type="text"/>

Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
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ENERGY CODE COMPLIANCE METHOD: ☐Performance ☐Prescriptive ☐Trade Offs

SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:

MINIMUM FRONT YARD:	<input style="width: 50px;" type="text" value="100"/>	MINIMUM SIDEYARD:	<input style="width: 50px;" type="text" value="12"/>
MINIMUM REARYARD:	<input style="width: 50px;" type="text" value="25"/>	BUFFER:	<input style="width: 50px;" type="text"/>
SCREENING REQUIRED:	<input style="width: 50px;" type="text"/>		

(THESE REQUIREMENTS PER THE SPALDING COUNTY ZONING ORDINANCE)

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

APPLICANT	<input style="width: 90%;" type="text" value="Stacy Toumbleston"/>	DATE:	<input style="width: 90%;" type="text" value="03/31/2020"/>
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REINSPECTION FEES ARE \$50.00.

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

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