APPLICATION NO. 12067 ZONING CERTIFICATE 109602 PERMIT NO. 31648 FEE \$ 629.50 REC. 944173

The state of the s
ERECT_X_MAKE ADDITIONREMODELREPAIROTHER SINGLE FAMILY_X_MANUFACTUREDMULTI-FAMILYCOMMERCIALACCESSORYOTHER
(give a brief description of remodel/repair/other work) New Construction - Renew D of # 30947
APPLICANT Jerry RobinsonMAILING 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 ZEO BLOCK O/ PARCEL OG Z LOT ZONING DISTRICT AR-/ LOT DESCRIPTION: ACRES 5.81 FRONT FEET 212.2 DEPTH OF SIDE 11.85
DEL THOUSIDE (105
IS PROPERTY LOCATED IN A FLOOD ZONE: Y NX (ATTACH COPY OF APPROVED SITE PLAN) ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ \$200.00 - \$50.750
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH 61 SQ.FOOTAGE HEATED 3302 NO. BATHS 5
WIDTH 36' SQ.FOOTAGE GARAGE 858 NO.BEDROOMS 6
STORIES 2 SQ.FOOTAGE CARPORT 0 TOTAL ROOMS 14
1st FLOOR SQ. FT. 2200 SQ.FOOTAGE PORCHES 476 TOTAL SQ. FOOTAGE 3302
FIREPLACE: Y N SQ.FOOTAGE BASEMENT 1900
FOUNDATION: BASEMENT_X_ CRAWL SPACESLAB_X_BLOCK_X_POURED WALLSPIERS/SKIRTING_X INTERIOR WALLS: DRYWALL_X_WOOD_X_PANELOTHERATTIC AREA: FINISHEDUNFINISHED_X_
FLOOR FINISH: CARPET_X_VINYLTILE_X_HARDWOOD_X_OTHERFIREPLACE: MASONRYINSERT_X_
ROOF TYPE: GABLE HIP x OTHER Intersection ROOF PITCH 9 ROOFING: SHINGLES x METAL OTHER
EXTERIOR FINISH: WOODMASONITEBRICK_X_VINYLHARDBOARD_X_STUCCO_X_OTHER
HEATING SYSTEM: CENTRAL HEAT X CENTRAL AIR X HEAT PUMP OTHER
SANITATION: SEPTIC TANK X (attach copy of Health Dept Permit) PUBLIC SEWER WATER: PUBLIC X 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
WIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
ENGTH WIDTH ODD SHAPE VINYL GUNITE FIBERGLASS

APPLICATION NO. 120 68 ZONING CERTIFICATE 109603 PERMIT NO. 31649 FEE \$ 75.00 REC. 944275

I HERERY 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 FAMILYMANUFACTUREDMULTI-FAMILYCOMMERCIALACCESSORYOTHER
(give a brief description of remodel/repair/other work) Refraction Signal
APPLICANT 1 apture marting address Des Rolling Address Des Rolling
TELEPHONE 770 757 7010 CITY McDonomb ST Go ZIP 30252
PROPERTY OWNER BUILDING ADDRESS DOOT NO EXPRESSION
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE 103 BLOCK 15 PARCEL 1003 LOT ZONING DISTRICT C-1
LOT DESCRIPTION: ACRES 1.52 FRONT FEET 282.4 DEPTH OF SIDE 253.
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH SQ.FOOTAGE HEATED NO. BATHS
WIDTH SQ.FOOTAGE GARAGE NO.BEDROOMS
STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS
1st Floor SQ. FT. SQ. FOOTAGE PORCHES SQ. FOOTAGE BALL
FIREPLACE: Y N SQ.FOOTAGE BASEMENT S N 2
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OFFIER 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) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
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)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 120109 ZONING CERTIFICATE 109014 PERMIT NO. 31650 FEE \$ 56796 REC. 944272.

ERECT N MAKE ADDITION REMODEL REPAIR OTHER SINGLE FAMILY N MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER (give a brief description of remodel/repair/other work) NSF APPLICANT Red Bird Homes LLC MAILING ADDRESS 4411 Summer Dom Rd Stife 425 TELEPHONE 404925 1928 CITY Summer ST CA ZIP 30049 PROPERTY OWNER Maijo Loza Goiner BUILDING ADDRESS 1882 Hollswille Pd
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED) TAX MAP REFERENCE 185 BLOCK 0 PARCEL 00 G LOT ZONING DISTRICT AL-1 LOT DESCRIPTION: ACRES 7.36 FRONT FEET 2 10, 8' DEPTH OF SIDE 15 0 7' IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN) ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 162, 3/6
BUILDING INFORMATION (Please fill in completely and accurately with all applicable information.) LENGTH 49 SQ.FOOTAGE HEATED 1935 NO. BATHS 3 WIDTH 48 SQ.FOOTAGE GARAGE 405 NO.BEDROOMS 3 STORIES 2 SQ.FOOTAGE CARPORT TOTAL ROOMS 8 1st FLOOR SQ. FT. 1647 SQ.FOOTAGE PORCHES 128 TOTAL SQ. FOOTAGE 2468 FIREPLACE: YXN 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 ROOFING: SHINGLES METAL OTHER EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER Handle HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR HEAT PUMP OTHER SANITATION: SEPTIC TANK (attach copy of Health Dept Permit) PUBLIC SEWER WATER: PUBLIC PRIVATE PLUMBING: (please give number of each) TUBS 1 SHOWERS 1 TUB/SHOWER 2 LAVATORIES 4 TOILETS 3 KITCHEN SINKS / WATER HEATER I DISHWASHER I FLOOR DRAINS WASHING MACHINE I OTHER SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) LENGTH WIDTH ODD SHAPE VINYL GUNITE FIBERGLASS.

APPLICATION NO. 12014 ZONING CERTIFICATE 109 1009 PERMIT NO. 31655 FEE \$ 174.00 REC. 944765

,			
ERECTMAKE ADDITIONF	REMODEL REPAIR OTHE	R	
SINGLE FAMILYMANUFACTURED			
(give a brief description of remodel/repair/o	other work) Temporary Sales Traile	er	
APPLICANT Silverstone Residentia	1 LLC MAILING ADDF	RESS_P.O. Box 2423	
TELEPHONE 678 764-7392 Sc	cott Sibley CITY Alpharetta	ST GA	ZIP_30023
PROPERTY OWNER Silverstone Res	sidential LLC BUILDING ADD		
			Westbury 5/D
(BUILDING ADDRESS MUST)	<u>BE POSTED ON PROPERTY BEFORE A FI</u>		
711042	\wedge 1	•—	
TAX MAP REFERENCE 248 F LOT DESCRIPTION: ACRES 28,360	BLOCKU PARCEL 248F010	07LOT ZONING	DISTRICT R4
			54.0 1917.70
IS PROPERTY LOCATED IN A FLOOD ZO		ROVED SITE PLAN)	
ESTIMATED CONSTRUCTION COST TO C	COMPLETE (excluding lot):	\$ <u>10,00</u>	0.
	BUILDING INFORMATIO	N	
(Please f	fill in completely and accurately with all a	pplicable 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		1
			İ
FOUNDATION: BASEMENT CRAWI			
INTERIOR WALLS: DRYWALL		· · · · · · · · · · · · · · · · · · ·	
FLOOR FINISH: CARPET VINYL			
ROOF TYPE: GABLE HIP OTHER			
EXTERIOR FINISH: WOODMASONI	TEBRICKVINYLHARDI	BOARD STUCCO C	THER
HEATING SYSTEM: CENTRAL HEAT	CENTRAL AIR HEAT PUMP	OTHER_	
SANITATION: SEPTIC TANK(attack	h copy of Health Dept Permit) PUBLIC SE	EWER WATER: PUBLIC_	PRIVATE
PLUMBING: (please give number of each)	TUBSSHOWERSTUB/SHO	WERLAVATORIES	TOILETS
KITCHEN SINKSWATER HEATER_	DISHWASHERFLOOR DRAINS_	WASHING MACHINE	OTHER
SWIMMING POOL (IF APPLICABLE) *a	ttach copy of Health Dept. approval when	septic tank is used on the prop	perty)
LENGTHWIDTHODD SHA	APEVINYLGUNITE	_FIBERGLASS	

MANUFACTURED HOME INFORMATION: OWNER OF HOME MAD SPACE INC
MANUFACTURER Mod Space Inc MODEL NAME MS100472 SERIAL NO.
YEAR MODEL 2013 DATE OF PURCHASE NA PURCHASED FROM
IS THIS AN APPROVED INDUSTRIAL BUILDING: Y N BUILDING CLASS C SEPTIC TANK APPROVAL: Y
SITE PLAN ATTACHED: Y N ANSI INSPECTION REQUIRED: Y N ANSI INSPECTION COMPLETED
ANSI INSPECTION COMPLETED BY NO MOVING COMPANY MOVING COMPANY
INSTALLER SILVERSTONE (ESIZEMENT UC) ADDITIONAL REQUIREMENTS FOR APPROVAL OF PERMIT
MUST MEET COMMERCIAL + ADA REQUIREMENTS
BEFORE PERMANENT POWER CAN BE APPROVED, THE FOLLOWING ITEMS MUST BE COMPLETED: PERMANEN FOUNDATION; MINIMUM 4'X4' FRONT AND BACK PORCH, ATTACHED; 4:12 ROOF PITCH; REMOVAL OF TONGUE, AXLESTRANSPORTING LIGHTS, AND TOWING APPARATUS
ENERGY CODE COMPLIANCE METHOD: Prescriptive (code) Performance (Annual Study)
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:
MINIMUM FRONT YARD 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
U-0 2 2 3-4-2020
Administrative Officer Date
This application for Building Permit is: Approved Disapproved
Comments, CONTRACTOR MUST PROVIDE AU MFR INFO WHEN AVAILABLE
3-4-2020
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 IDENTIIFED 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 NO. 12013 ZONING CERTIFICATE 109608 PERMIT NO. 31654 FEE \$ 1397.00 REC. 94428)

ERECT_VMAKE ADDITIONREMODELREPAIROTHER
SINGLE FAMILY X MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) New Home Construction - Home buyned //-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 26 A BLOCK \$63 PARCEL 261408009 LOT 9 ZONING DISTRIC1 AR-
LOT DESCRIPTION: ACRES 1.1 FRONT FEET 131 DEPTH OF SIDE 355
IS PROPERTY LOCATED IN A FLOOD ZONE: Y (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 72 SQ.FOOTAGE HEATED 1344 NO. BATHS 2 WIDTH 33 SQ.FOOTAGE GARAGE 507 NO.BEDROOMS 3 STORIES 1 SQ.FOOTAGE CARPORT 50 TOTAL ROOMS 6 1st FLOOR SQ. FT. 1344 SQ.FOOTAGE PORCHES 50 TOTAL SQ. FOOTAGE 1901 FIREPLACE: Y N SQ.FOOTAGE BASEMENT 50
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 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.

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

in oldanion and an	ACTIMIENTS AS MAT BE REQUIRED BY TH	IL ADMINISTRATIVE OFFICIALS TO:
ERECT X MAKE ADDITION F		
SINGLE FAMILYMANUFACTURED	MULTI-FAMILYCOMMER	CIALACCESSORY_X_OTHER
(give a brief description of remodel/repair/o	other work) Detached garage	_
APPLICANT Robert Hough	MAILING ADD	RESS 495 Steele Rd
TELEPHONE 770-658-8007	CITY Griffin	ST_GaZIP_30223
PROPERTY OWNER Robert Hough	BUILDING ADI	DRESS 495 Steele Rd
(BUILDING ADDRESS MUST	BE POSTED ON PROPERTY BEFORE A F	INAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE 259	BLOCK 03 PARCEL 007F	LOTZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 5	FRONT FEET 200	DEPTH OF SIDE 860.4
IS PROPERTY LOCATED IN A FLOOD ZO	NE: Y N (ATTACH COPY OF API	PROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO	COMPLETE (excluding lot):	<u>\$_14000.00</u>
	BUILDING INFORMATION	ON
(Please i	fill in completely and accurately with all a	
LENGTH 26		The state of the s
WIDTH_30	SQ.FOOTAGE GARAGE 780	
STORIES 1	SQ.FOOTAGE CARPORT 0	
1 st FLOOR SQ. FT. 780		
FIREPLACE: Y☐N✔	SQ.FOOTAGE BASEMENT 0	_
FOUNDATION: BASEMENT CRAW	L SPACE SLAB_X BLOCK[POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALLW	OOD PANEL OTHER X	_ATTIC AREA: FINISHEDUNFINISHED 🔀
FLOOR FINISH: CARPET VINYL	$\boxed{}$ TILE $\boxed{}$ HARDWOOD $\boxed{}$ OTHER	X FIREPLACE: MASONRY INSERT I
ROOF TYPE: GABLE X HIP OTHER	ROOF PITCHI	ROOFING: SHINGLES⊠METALOTHER
EXTERIOR FINISH: WOOD MASON	ITEBRICKVINYLHARD	DBOARD STUCCO OTHER
HEATING SYSTEM: CENTRAL HEAT_	CENTRAL AIR HEAT PUMP	OTHER
SANITATION: SEPTIC TANK(attac	h copy of Health Dept Permit) PUBLIC S	SEWERWATER: PUBLICPRIVATE
PLUMBING: (please give number of each)	TUBS 0 SHOWERS 0 TUB/SHO	ower_0lavatories_0toilets_0
KITCHEN SINKS 0 WATER HEATER (O	0 WASHING MACHINE 0 OTHER 0
SWIMMING POOL (IF APPLICABLE) *a	ttach copy of Health Dept. approval when	n septic tank is used on the property)
LENGTHWIDTHODD SH	APEVINYLGUNITE	FIBERGLASS

APPLICATION NO. 12011 CONING CERTIFICATE 109 60 6 PERMIT NO. 31652 FEE \$ 372.00 REC. 313081

ERECT delach agree MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY X OTHER
(give a brief description of remodel/repair/other work) Detactied GARAGE
(Giro a brief description of removed a specific and service and se
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 010 LOT ZONING DISTRICT AR-1
LOT DESCRIPTION: ACRES 23.02 FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y NX (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$\frac{35,000.00}{}\$
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.) LENGTH 20 SQ.FOOTAGE HEATED 0 NO. BATHS 0
05
FIREPLACE: Y N ✓ SQ.FOOTAGE BASEMENT U
FOUNDATION: BASEMENT CRAWL SPACE SLAB X BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET VINYL TILE HARDWOOD OTHER OTHER FIREPLACE: MASONRY INSERT
ROOF TYPE: GABLE HIP OTHER ROOF PITCH ROOFING: SHINGLES METAL OTHER
EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO CTHER
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)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

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

ERECTMAKE ADDITIONREMODELREPAIR X_OTHER_
SINGLE FAMILY X MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Repair front of home, windows telectrical
The state of the s
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 Cond thone
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N_X (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
WIDTHSQ.FOOTAGE GARAGE NO.BEDROOMS STORIESSQ.FOOTAGE CARPORT TOTAL ROOMS
1st FLOOR SQ. FT SQ.FOOTAGE PORCHES TOTAL SQ. FOOTAGE
FIREPLACE: Y N SQ.FOOTAGE BASEMENT
THE BIOD. [I] IT SQUOTITED BIODINESTI
FOUNDATION: BASEMENT CRAWL SPACE SLABXBLOCKPOURED WALLSPIERS/SKIRTING
INTERIOR WALLS: DRYWALL X WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED X
FLOOR FINISH: CARPETVINYLTILE_X_HARDWOOD_X_OTHERFIREPLACE: MASONRYINSERT
ROOF TYPE: GABLE X HIP OTHER ROOF PITCH ROOFING: SHINGLES X METAL OTHER
EXTERIOR FINISH: WOODMASONITEBRICKVINYLHARDBOARDSTUCCOOTHER
HEATING SYSTEM: CENTRAL HEAT A CENTRAL AIR M HEAT PUMP OTHER
SANITATION: SEPTIC TANK(attach copy of Health Dept Permit) PUBLIC SEWER_X WATER: PUBLIC_X PRIVATE
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
KITCHEN SINKSWATER HEATERDISHWASHERFLOOR DRAINSWASHING MACHINEOTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

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

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, implement & Kayaha
APPLICANT James Thompson MAILING ADDRESS 1636 Bennith Drive
TELEPHONE (512) 556-1887 CITY McDonough ST 30253
TELEPHONE (512) 556-1887 CITY McDonough STQ ZIP 30253 PROPERTY OWNER James Thompson BUILDING ADDRESS 1006 S, McDonough Box Griffin 3:223
(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): \$ 39,800
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH GO SQ.FOOTAGE HEATED NO. BATHS
WIDTH_ 40' SQ.FOOTAGE GARAGE NO.BEDROOMS
STORIES 1 SQ.FOOTAGE CARPORT TOTAL ROOMS 1
1st FLOOR SQ. FT. 2400 SQ. FOOTAGE PORCHES TOTAL SQ. FOOTAGE 2400
FIREPLACE: Y N SQ.FOOTAGE BASEMENT
FOUNDATION: BASEMENT CRAWL SPACE SLAB X BLOCK, POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET VINYL TILE HARDWOOD OTHER STAB FIREPLACE: MASONRY INSERT
ROOF TYPE: GABLE HIP OTHER ROOF PITCH ROOFING: SHINGLES METAL OTHER
EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER IT
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 NO. 1207 D ZONING CERTIFICATE 109605 PERMIT NO. 31651 FEE \$ 131.00 REC. 055537

ERECT X MAKE ADDITION REMODEL REPAIR OTHER SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY X OTHER
(give a brief description of remodel/repair/other work) Draches Ganage
APPLICANT William Hogan MAILING ADDRESS 178 Wood Hollow De
TELEPHONE 404-4040 CITY CONFTION ST GA ZIP 30223
PROPERTY OWNER COOK & WILLIAM HOGOD BUILDING ADDRESS Same
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE $\frac{\partial U}{\partial U}$ BLOCK $\frac{\partial U}{\partial U}$ PARCEL $\frac{\partial U}{\partial U}$ LOT ZONING DISTRICT $\frac{\partial U}{\partial U}$
LOT DESCRIPTION: ACRES FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$\frac{\sqrt{\sqrt{\cong}}}{\sqrt{\cong}}\$. \$\frac{\sqrt{\cong}}{\sqrt{\cong}}\$.
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
length 🥞 🔎 sq.footage heated 🖊 no. baths 🖟
width 36 sq.footage garage $\times 720$ no.bedrooms $\%$
STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS
1st floor sq. ft. 770 sq.footage porches ϕ total sq. footage 720
FIREPLACE: Y SQ.FOOTAGE BASEMENT Ø
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 MOTAL
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) TUBSSHOWERSTUB/SHOWERLAVATORIES TOILETS
KITCHEN SINKSWATER HEATERDISHWASHERFLOOR DRAINSWASHING MACHINEOTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12018 ZONING CERTIFICATE 109613 PERMIT NO. 31659 FEE \$ 387.00 REC. D6638B

ERECTMAKE ADDITIONREMODELREPAIR X OTHER
SINGLE FAMILYMANUFACTUREDMULTI-FAMILYCOMMERCIALACCESSORYOTHER
(give a brief description of remodel/repair/other work) Water dames to Katen Living voor
Diwing room & Guest Bathroom Floor, Walls, Cabinats
APPLICANT (hristophers Brewer MAILING ADDRESS 725 Muserous rd
TELEPHONE 706-662-1810 CITY Griff-N ST GA ZIP 30223
PROPERTY OWNER MUSELL BUILDING ADDRESS & Same
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE 212 BLOCK 01 PARCEL 033 B LOT ZONING DISTRICT R 2
LOT DESCRIPTION: ACRES 4 4 FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
DENGTHSQ.FOOTAGE HEATED 2616 NO. BATHS
WIDTHSQ.FOOTAGE GARAGENO.BEDROOMS
STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS
1st FLOOR SQ. FT SQ.FOOTAGE PORCHES TOTAL SQ. FOOTAGE
FIREPLACE: Y SQ.FOOTAGE BASEMENT
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING X
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET VINYLX 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) TUBSSHOWERSTUB/SHOWERLAVATORIESX TOILETSX KITCHEN SINKSX WATER HEATER X DISHWASHER X FLOOR DRAINS X WASHING MACKINE X OTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS
*

APPLICATION NO. 12079 ZONING CERTIFICATE 109019 PERMIT NO. 31660 FEE \$ 123.00 REC. 435482

ERECTMAKE ADDITIONREMODELREPAIROTHER
ERECTMAKE ADDITIONREMODELREPAIROTHER SINGLE FAMILYMANUFACTUREDMULTI-FAMILYCOMMERCIALACCESSORYX_OTHER
(give a brief description of remodel/repair/other work) De TArhed Carge
APPLICANT Robert F. STrobect MAILING ADDRESS \$14139 SPANISH IT I
TELEPHONE 900 534 7191 CITY TACKSONUILLE ST FL ZIP 32225
PROPERTY OWNER BOBERT STrobeck BUILDING ADDRESS 1314 Charthy & D Gri Chin 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 R-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): \$ 65 0 0,000
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 10500000000000000000000000000000000000
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH 2 4 SQ.FOOTAGE HEATED NO. BATHS
WIDTH 2 4 SQ.FOOTAGE GARAGE NO.BEDROOMS
STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS
1st floor sq. ft. X sq.footage porches total sq. footage 576
FIREPLACE: Y N SQ.FOOTAGE BASEMENT
FOUNDATION: BASEMENT CRAWL SPACE SLAB DOCK 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 69
HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR HEAT PUMP OTHER
SANITATION: SEPTIC TANK (attach copy of Health Dept Permit) PUBLIC SEWER WATER: PUBLICPRIVATE
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
KITCHEN SINKSWATER HEATERDISHWASHERFLOOR DRAINSWASHING MACHINEOTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12076 ZONING CERTIFICATE 109011 PERMIT NO. 31657 FEE \$663.88 REC. 944 284

ERECTMAKE ADDITIONREMODELREPAIROTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) New Barn Home
APPLICANT Danny Teggue MAILING ADDRESS 1560 Minter R&
TELEPHONE (18603-8206 CITY GOFFIA 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)
2511 00 000
TAX MAP REFERENCE 254 BLOCK 02 PARCEL 032T LOT ZONING DISTRICT AR-
LOT DESCRIPTION: ACRES 4.44 FRONT FEET DEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N \(\sqrt{\lambda} \) (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$\int 25000.000000000000000000000000000000000
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH 17 SQ.FOOTAGE HEATED $157D$ NO. BATHS 3
WIDTH 95 SQ.FOOTAGE GARAGE 576 NO.BEDROOMS 2
STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS 5
1 st FLOOR SQ. FT. <u>1334</u> SQ.FOOTAGE PORCHES <u>758</u> TOTAL SQ. FOOTAGE <u>2904</u>
FIREPLACE: Y N SQ.FOOTAGE BASEMENT
EQUINDATION, DAGENGINE, COLUMN COLUMN
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPETVINYLTILEHARDWOODOTHERFIREPLACE: MASONRYINSERT ROOF TYPE: GABLE V HIPOTHERROOF PITCH ROOF PITCH ROOFING: SHINGLESMETAL OTHER
EVERTINA EVENTOR EVENTOR
SANITATION, SEPTION SEPTION
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
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)
LENGTHWIDTHODD SHAPEVINYLGUNITE FIBERGLASS

APPLICATION NO. 1208 ZONING CERTIFICATE 109 10 PERMIT NO. 31442 FEE \$ 307.00 REC. Debit # 19530

ERECTMAKE ADDITIONREMODEL # REPAIR OTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Ruch Exteriors Werk front Porch Veper
APPLICANT JOSE RUZ MAILING ADDRESS SMA
TELEPHONE 404-427 0353 CITY Griffin STMIN BOLZIP 30223
PROPERTY OWNER OF 1412 BUILDING ADDRESS 750 Nod Bridge id
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE 256 BLOCK D PARCEL O(LOT ZONING DISTRICT AR-
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.)
DENGTH SQ.FOOTAGE HEATED NO. BATHS
WIDTH SQ.FOOTAGE GARAGE NO.BEDROOMS 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: PUBLICPRIVATE
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
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)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12080 zoning certificate 109015 permit no. 31001 fee \$781. 100 rec. 180148

ERECT X MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY X 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)
239 03
TAX MAP REFERENCE 41191 BLOCK 991 PARCEL 23903005G LOT ZONING DISTRICT BY ARCE
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 64 SQ.FOOTAGE HEATED 2422 NO. BATHS 2
WIDTH 58 SQ.FOOTAGE GARAGE 600 NO.BEDROOMS 3
STORIES 4-PLUS-BONUS-1,5 SQ.FOOTAGE CARPORT TOTAL ROOMS 8
1 st FLOOR SQ. FT. 2050 SQ.FOOTAGE PORCHES 458 TOTAL SQ. FOOTAGE 3480
FIREPLACE: Y ✓ N SQ.FOOTAGE BASEMENT
FOUNDATION: BASEMENT CRAWL SPACE SLAB X 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 X CENTRAL AIR X HEAT PUMP X OTHER
SANITATION: SEPTIC TANK (attach copy of Health Dept Permit) PUBLIC SEWER WATER: PUBLIC X 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)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12082 ZONING CERTIFICATE 1096/7PERMIT NO. 31663 FEE \$ 729. REC. 944290

ERECT MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work)
APPLICANT ALEN GREEK MAILING ADDRESS 819 ROCKY CREEK PD
TELEPHONE (10 715-107) CITY HAM PRODUST CA ZIP 30228
PROPERTY OWNER CYCLE GIPTEL BUILDING ADDRESS 401 LAMAS COUNTY LIVE RIS
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE BLOCK O PARCEL O ALOT ZONING DISTRICT CONTROLL TO THE 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 80 SQ.FOOTAGE HEATED 1840 NO. BATHS 2 WIDTH 40 SQ.FOOTAGE GARAGE 0 NO.BEDROOMS 2 STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS 5 1st FLOOR SQ. FT SQ.FOOTAGE PORCHES 1360 TOTAL SQ. FOOTAGE 3200 FIREPLACE: Y N SQ.FOOTAGE BASEMENT 0
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED FLOOR FINISH: CARPET VINYL TILE HARDWOOD OTHER FIREPLACE: MASONRY INSERT ROOF TYPE: GABLE HIP OTHER ROOF PITCH 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 D SHOWERS 1 TUB/SHOWER LAVATORIES 7 TOILETS 2 KITCHEN SINKS WATER HEATER DISHWASHER FLOOR DRAINS WASHING MACHINE OTHER SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) LENGTH WIDTH ODD SHAPE VINYL GUNITE FIBERGLASS.

APPLICATION NO. 12084 ZONING CERTIFICATE 109619 PERMIT NO. 31665 FEE \$ 220.00 REC. 103474

ERECTMAKE ADDITION_X REMODELREPAIROTHER
SINGLE FAMILY X 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 16.59 DEPTH OF SIDE 120.6
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N_X (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.)
LENGTHSQ.FOOTAGE HEATED 216 NO. BATHS NA
WIDTHSQ.FOOTAGE GARAGENO.BEDROOMS_NA
STORIES NA SQ.FOOTAGE CARPORT NA TOTAL ROOMS 1
1 st FLOOR SQ. FT <u>NA</u> SQ.FOOTAGE PORCHES <u>NA</u> TOTAL SQ. FOOTAGE <u>NA</u>
FIREPLACE: Y N SQ.FOOTAGE BASEMENT NA
FOUNDATION: BASEMENT CRAWL SPACE SLABXBLOCKPOURED WALLSPIERS/SKIRTING
INTERIOR WALLS: DRYWALL X WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED X
FLOOR FINISH: CARPETVINYLTILE_X_HARDWOODOTHERFIREPLACE: MASONRYINSERT
ROOF TYPE: GABLE X HIP OTHER ROOF PITCH ROOFING: SHINGLES X METAL OTHER
EXTERIOR FINISH: WOODMASONITEBRICKVINYLHARDBOARDSTUCCOOTHER
HEATING SYSTEM: CENTRAL HEAT X CENTRAL AIR X HEAT PUMP OTHER
SANITATION: SEPTIC TANK(attach copy of Health Dept Permit) PUBLIC SEWER_ X WATER: PUBLIC X PRIVATE
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
KITCHEN SINKSWATER HEATERDISHWASHERFLOOR DRAINSWASHING MACHINEOTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12087 ZONING CERTIFICATE 109612 PERMIT NO. 31668 FEE \$ 377.00 REC. 06463G

-
ERECT_X MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY X 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)
028
TAX MAP REFERENCE 223 BLOCK 61 PARCEL 23301028 LOT 22 ZONING DISTRICT 2 AR-
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): \$\frac{115000}{2}\$
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH 40 SQ.FOOTAGE HEATED 1536 NO. BATHS 2
WIDTH 40 SQ.FOOTAGE GARAGE 0 NO.BEDROOMS 3
stories 1 sq.footage carport 0 total rooms 6
1 st FLOOR SQ. FT. 1536 SQ. FOOTAGE PORCHES 64 TOTAL SQ. FOOTAGE 1600
FIREPLACE: Y N SQ.FOOTAGE BASEMENT 0
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET VINYL TILE HARDWOOD OTHER FIREPLACE: MASONRY INSERT
ROOF TYPE: GABLE HIP OTHER ROOF PITCH 6/12 ROOFING: SHINGLES METAL OTHER
EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER
HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR X HEAT PUMP X OTHER
SANITATION: SEPTIC TANK (attach copy of Health Dept Permit) PUBLIC SEWER WATER: PUBLIC X PRIVATE
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWER_2_LAVATORIES_3_TOILETS_2_
KITCHEN SINKS_1WATER 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)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

Call 618-508-3068

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

APPLICATION NO. 12085 ZONING CERTIFICATE 1970 PERMIT NO. 31666 FEE \$ 187 PREC. 543806

INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:
ERECTMAKE ADDITIONREMODEL/REPAIROTHER SINGLE FAMILY_/_MANUFACTUREDMULTI-FAMILYCOMMERCIALACCESSORYOTHER (give a brief description of remodel/repair/other work) DN 10011, Electroscal Application of remodel/repair/other work) DN 100
PROPERTY OWNER Peloca to vedo. BUILDING ADDRESS 1411 NICE Grippin 9.0 30223.
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE BLOCK PARCEL OF LOT ZONING DISTRICT 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): \$\frac{1}{5},000
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH SQ.FOOTAGE HEATED NO. BATHS
WIDTHSQ.FOOTAGE GARAGENO.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 NSERT FROOF TYPE: GABLE HIP OTHER ROOF PITCH ROOFING: SHINGLES METAL OTHER EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER ON OTHER ON OTHER SANITATION: SEPTIC TANK CENTRAL HEAT CENTRAL AIR HEAT PUMP OTHER SANITATION: SEPTIC TANK (attach copy of Health Dept Permit) PUBLIC SEWER WATER: PUBLIC PRIVATE PLUMBING: (please give number of each) TUBS SHOWERS TUB/SHOWER LAVATORIES TOILETS KITCHEN SINKS WATER HEATER DISHWASHER FLOOR DRAINS WASHING MACHINE OTHER SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property) LENGTH WIDTH ODD SHAPE VINYL GUNITE FIBERGLASS.



APPLICATION NO. 1708 PZONING CERTIFICATE 109 1023 PERMIT NO. 31669 FEE \$ 661.90 REC. 944298

ERECT X MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY X MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) NSF
(give a brief description of remode/repair/other work) 1977
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)
010
TAX MAP REFERENCE 234A BLOCK 04 PARCEL 234A-04-CLOT 10 ZONING DISTRICT (L-L
LOT DESCRIPTION: ACRES 2.01 2.4 FRONT FEET 133 DEPTH OF SIDE 7.75
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 52 SQ.FOOTAGE HEATED 2144 NO. BATHS 3
WIDTH 53 SQ.FOOTAGE GARAGE 408 NO.BEDROOMS 4
STORIES 1.5 SQ.FOOTAGE CARPORT 0 TOTAL ROOMS 5
1 st FLOOR SQ. FT. 1864 SQ. FOOTAGE PORCHES 343 TOTAL SQ. FOOTAGE 2895
FIREPLACE: Y N SQ.FOOTAGE BASEMENT Ø
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING
INTERIOR WALLS: DRYWALL WOOD PANEL OTHER ATTIC AREA: FINISHED UNFINISHED
FLOOR FINISH: CARPET X VINYL TILE HARDWOOD OTHER FIREPLACE: MASONRY INSERT X
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 X 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)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12089 ZONING CERTIFICATE 109624 PERMIT NO. 31670 FEE \$ 50. 2 REC. 944299

ERECTMAKE ADDITIONREMODELREPAIROTHER_Demo
SINGLE FAMILY X MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) Demo of SFD
APPLICANT Rodney IsonMAILING 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 OIL LOT ZONING DISTRICT AR-
LOT DESCRIPTION: ACRES FRONT FEETDEPTH OF SIDE
IS PROPERTY LOCATED IN A FLOOD ZONE: Y N (ATTACH COPY OF APPROVED SITE PLAN)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH SQ.FOOTAGE HEATED NO. BATHS
WIDTHSQ.FOOTAGE GARAGENO.BEDROOMS_
STORIES SQ.FOOTAGE CARPORT TOTAL ROOMS_
1 st FLOOR SQ. FT SQ.FOOTAGE PORCHES FOTAL 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) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
KITCHEN SINKSWATER HEATERDISHWASHERFLOOR DRAINSWASHING MACHINEOTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 1208 0 ZONING CERTIFICATE 10962 PERMIT NO. 31667 FEE \$2,467.00 REC. 944294

ERECTMAKE ADDITIONREMODEL_X_REPAIROTHER
SINGLE FAMILYMANUFACTUREDMULTI-FAMILYCOMMERCIAL X_ACCESSORYOTHER
(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
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: $Y_{} N_{} X_{}$ (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.FO TE GARAGE NO.BEDROOMS
STORIES SQ.FO DTAG CAR ORT TOTAL ROOMS
1 st FLOOR SQ. FT SQ.F OOT AGE FORCHES TOTAL SQ. FOOTAGE
FIREPLACE: Y N SQ.FOOTAGE BASEMENT
No modifications to exterior of structure
FOUNDATION: BASEMENT CRAWL SPACE SLAB_X_BLOCKPOURED WALLSPIERS/SKIRTING INTERIOR WALLS: DRYWALL_X_WOODPANELOTHERATTIC AREA: FINISHEDUNFINISHED
FLOOR FINISH: CARPETVINYL TILE_X_HARDWOOD OTHER FIREPLACE: MASONRY INSERT
ROOF TYPE: GABLEHIPOTHERROOF PITCHROOFING: SHINGLESMETALOTHER
EXTERIOR FINISH: WOOD MASONITE BOX X VIN L HARDBOARD STUCCO X OTHER
HEATING SYSTEM: CENTRAL HEAT CENTRAL AIR HEATUMP OTHER
SANITATION: SEPTIC TANK(attach copy of lealth opt ermit) PUL C SEWER_X_WATER: PUBLIC_X_PRIVATE
PLUMBING: (please give number of each) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS
KITCHEN SINKSWATER HEATERDISHWASHERFLOOR DRAINSWASHING MACHINEOTHER
SWIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
LENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 12090 ZONING CERTIFICATE 1091025 PERMIT NO. 31071 FEE \$ 211.00 REC. 944301

INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:
ERECTMAKE ADDITION_X REMODELREPAIROTHER SINGLE FAMILY X MANUFACTUREDMULTI-FAMILYCOMMERCIAL ACCESSORYOTHER (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 NX (ATTACH COPY OF APPROVED SITE PLAN) ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$\frac{18000.00}{2000}\$
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH 12 SQ.FOOTAGE HEATED NO. BATHS D
WIDTH 12 SQ.FOOTAGE GARAGE NO.BEDROOMS Ø
STORIES 1 SQ.FOOTAGE CARPORT TOTAL ROOMS 1
1 st FLOOR SQ. FT. 144 SQ. FOOTAGE PORCHES TOTAL SQ. FOOTAGE 144 Ft 2
FIREPLACE: Y SQ.FOOTAGE BASEMENT -
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 NO. 12083 ZONING CERTIFICATE 1096/8 PERMIT NO. 31664 FEE \$ 83.00 REC. 013192

ERECTMAKE ADDITIONREMODEL_ X REPAIR OTHER
SINGLE FAMILYMANUFACTUREDMULTI-FAMILYCOMMERCIALACCESSORY OTHER
(give a brief description of remodel/repair/other work) Front Parch + Veplace Oxisting
Front porch
APPLICANT GUCILLE Shillips MAILING ADDRESS 504 Vine Cord Rd
TELEPHONE 678-938-611) CITY 67.7510 ST CA 71131223
PROPERTY OWNER Lucille Phillips BUILDING ADDRESS 504 Vine y and Rd.
)
(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)
TAX MAP REFERENCE 241B BLOCK 1 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 DI AND
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.)
LENGTH SQ.FOOTAGE HEATED NO. BATHS
WIDTHSQ.FOOTAGE GARAGENO.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 NSERT
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) TUBSSHOWERSTUB/SHOWERLAVATORIESTOILETS_
KITCHEN SINKS WATER HEATER DISHWASHER FLOOR DRAINS WASHING MACHINE OTHER
WIMMING POOL (IF APPLICABLE) *attach copy of Health Dept. approval when septic tank is used on the property)
ENGTHWIDTHODD SHAPEVINYLGUNITEFIBERGLASS

APPLICATION NO. 1209 ZONING CERTIFICATE 109626 PERMIT NO. 31672 FEE \$ 115.00 REC. 944302

ERECT MAKE ADDITION REMODEL REPAIR OTHER
SINGLE FAMILY MANUFACTURED MULTI-FAMILY COMMERCIAL ACCESSORY OTHER
(give a brief description of remodel/repair/other work) BUILD SCREENSA PORCH OVER EXISTING REAR PATIO
APPLICANT TAYLOR L. JONES MAILING ADDRESS/205 WHITE CAK 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 231-020 BLOCK 02 PARCEL 044 LOT 447 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)
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):
BUILDING INFORMATION
(Please fill in completely and accurately with all applicable information.) LENGTH
FOUNDATION: BASEMENT CRAWL SPACE SLAB BLOCK POURED WALLS PIERS/SKIRTING INTERIOR WALLS: DRYWALL WOOD PANEL OTHER STATIC AREA: FINISHED UNFINISHED FLOOR FINISH: CARPET VINYL TILE HARDWOOD OTHER FIREPLACE: MASONRY INSERT ROOF TYPE: GABLE HIP OTHER TO ROOF PITCH FOR ROOFING: SHINGLES METAL OTHER EXTERIOR FINISH: WOOD MASONITE BRICK VINYL HARDBOARD STUCCO OTHER SCREEN EXTERIOR SYSTEM: CENTRAL HEAT CENTRAL AIR HEAT PUMP OTHER FINISH: 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.

Address: Parcel Number(s):

430 Golden Rod CT, Griffin Georgia 30223

312 01087

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

ZONIN CERTIFICAT			PERMI	T NO:			FE	E \$			REC.		
									RMIT PROVIDIN				
ØErectOMake A	AdditionOR	emodel ORepa	ir O0ther										
OAccessoryOC	ommercialC	Olndustrialized	OManufactur	edOMulti Far	nily∕⊘Single	e Famil	ly O0ther						
Land Use : Resid	dential		Olnside City	of Griffin ⊘C	Outside City	of Grif	fin						
OApartment			OResidentia	l Condominiur	n	0	Single Family	Detached H	ousing	No of Dw	rellings: 1		
Provide a brief d Martin Ray / Ele	-	f the project											
APPLICANT FIRST NAME:	Araceli		AF	PPLICANT LA:	ST NAME:	Duni	n			MAILING AI	DDRESS:		nwinds , Ste.
FOR INSPECTIONS brian.mccartney@pulte.com,david.shumaker@pulte.com,david.crankshaw@pulte.com,jacob.potter@pulte.com,bryan.scol separa									enter co	ted email			
TELEPHONE:	67837371	18		CITY: Alp					STATE:	Georgia		ZIP:	30009
OWNER FIRST NAME:	Pulte Hon	ne	OWNER LAST NAME: C				ompany LLC			BUILDING ADDRESS:			Golden Ct
		(BUILDING	ADDRESS MUS	ST BE POSTE	ON PROPI	ERTY B	EFORE A FINA	L INSPECT	ION WILL BE CO	OMPLETED)			
TAX MAP REFERENCE: 312 BLOCK: 01 PARCEL: 087 LOT:						LOT:	87	ZO DISTE	NING RICT:	AAR Condition			
	LOT DES	SCRIPTION:	ACRES:	.1612	FRONT F	EET:	52	DEPTH O	F SIDE:	135	SUBDIVIS	SION:	Yes
Project Name: 43	30 Golden Ro	od Ct											
IS PROPERTY LO	DCATED IN A	A FLOOD ZONE	⊘ No O Yes										
ESTIMATED CON	NSTRUCTIO	N COST TO CO	MPLETE (exclu	uding lot):			\$ 138388						
LICENSE TYPE : 0	⊘ Contractor	OLimited Spec	cialty / Traditio	onal Specialty	/ InstallerC) Owne	r Builder						
					BUILDIN	G INFO	RMATION						
		(Pleas	se fill in compl	etely and acc	urately with	all ap	plicable inform	ation. Ente	r 0 if not applica	able.)			

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:	O No ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3704

■ Basement Block Crawl Space Piers/Skirting Poured Walls Slab									
☑ Drywall□Par	nel□Wood □	Other		ATTIC AREA:	□Finished☑Unfinis	hed			
©Carpet©Hardwood©Tile©Vinyl						InsertOMasonry			
⊘ Gable O Gam	orelOHipO(Other		ROOFING:	ROOFING:				
□Brick□Hardb	oard□Maso	onte□Stucco□Vinyl□W	ood/	ood ☑ Other Stone ROOF PITCH: 5.5					
☑ Central Air ☑	Central Heat	□Heat Pump□Other			1				
⊘ Public Sewer	OSeptic Tar	nk		WATER:	O Private ⊘ Public				
r to each)									
3	KITC	SHOWERS HEN SINKS	1	TUB/SHOWER WATER HEATER	î I	_AVATORIES / ISHWASHER 1			
0	WASHING	G MACHINE	1	OTHER	2				
LE)		dd Chana		Is this Permit f	or a Swimming Pool ?	OYes ⊘ No			
nyl		за зпаре		LENGTH:	W	/IDTH:			
s Building Permit Application with lumbing or Gas?	⊚YesON	lo	-		Plumbing □Gas				
THOD: ☑ Perform	nance⊡Pre	scriptive□Trade Offs							
PROVAL OF THIS	PERMIT AF	RE AS FOLLOWS:							
MINIMUM FRO	NT YARD:		20		MINIMUM SIDEYARD:	5			
MINIMUM RE	ARYARD:		20		BUFFER:				
SCREENING R	EQUIRED:								
	©GableOGaml ©GableOGaml ©Brick Hardb ©Central Air© ©Public Sewert r to each) 3 0 LE) yl Building Permit Application with umbing or Gas? THOD: ©Perform PROVAL OF THIS MINIMUM FROM	©Carpet©Hardwood©Tile ©GableOGambrelOHipOd Brick□Hardboard□Masc ©Central Air©Central Heat ©Public SewerOSeptic Tar r to each) \$\hat{3}\$ KITC \$\hat{0}\$ WASHING LE) yl \$\hat{3}\$ Building Permit Application with umbing or Gas? THOD: ©Performance□Pres	© Carpet Hardwood Tile Vinyl Other © Carpet Hardwood Tile Vinyl Other © Gable O Gambrel O Hip O Other □ Brick Hardboard Masonte Stucco Vinyl W © Central Air Central Heat Heat Pump Other © Public Sewer O Septic Tank r to each) 3 KITCHEN SINKS 0 WASHING MACHINE LE) O Odd Shape yl Building Permit Application with umbing or Gas? THOD: Performance Prescriptive Trade Offs PROVAL OF THIS PERMIT ARE AS FOLLOWS: MINIMUM FRONT YARD: MINIMUM REARYARD:	© Carpet Hardwood Tile Vinyl Other © Gable O Gambrel O Hip O Other □ Brick Hardboard Masonte Stucco Vinyl Wood © Central Air Central Heat Heat Pump Other © Public Sewer O Septic Tank r to each) 3 KITCHEN SINKS 1 0 WASHING MACHINE 1 LE) O Odd Shape yl Building Permit Application with umbing or Gas? THOD: Performance Prescriptive Trade Offs PROVAL OF THIS PERMIT ARE AS FOLLOWS: MINIMUM FRONT YARD: 20 MINIMUM REARYARD: 20	☑Drywall□Panel□Wood □Other ATTIC AREA : ☑Carpet☑Hardwood☑Tile☑Vinyl□Other FIREPLACE : ②GableOGambrelOHipOOther ROOFING : □Brick□Hardboard□Masonte□Stucco□Vinyl□Wood ☑Other Stone ☑Central Air☑Central Heat□Heat Pump□Other ④Public SewerOSeptic Tank WATER : r to each) ÎstricHen Sinks 1 USASHING MACHINE 1 ÛVASHING MACHINE 1 ÛVASHING MACHINE 1 ÛVESONO Select all that apply: ☑ Mechanical ☑Electrical ☑ ☑ Mechanical ☑Electrical ☑ ☐ MINIMUM FRONT YARD: 20 MINIMUM REARYARD: 20	### ATTIC AREA: Finished ## Unifinis ### Carpet ### Hardwood ### Tike ### Carpet ### C			

(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,

Address: Parcel Number(s):

539 Inkberry DR, Griffin Georgia 30223

312 01039

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

			3	PALDI	NGC	JUI	VII, GE	UKG	IA					
ZONI CERTIFICAT			PERM	IT NO:			FE	\$				REC.		
	'						FICATE AND BU					'		
ØErectOMake /	Addition OR	emodel O Repai	r O0ther											
OAccessoryOC	ommercial	OIndustrialized [©]	OManufacture	dOMulti Fam	ily ⊘ Single F	amily (O0ther							
Land Use : Resid	dential		OInside City	of Griffin ⊘C	Outside City o	of Griffi	in							
OApartment			OResidentia	l Condominiur	n	0	Single Family D	etached H	ousing	No	of Dwe	ellings: 1		
Provide a brief d	-	f the project												
APPLICANT FIRST NAME:	Araceli		A	APPLICANT LA	AST NAME:	Dunr	n			MAII	LING AI	DDRESS:		nwinds /., Ste.
CONTACT FOR INSPECTIONS EMAIL For mult enter cor separate address.										ted email				
TELEPHONE:	67837371	18		CITY: Alpharetta STATE: Georgia							ZIP:	30009		
OWNER FIRST NAME:	Pulte Hon	ne		OWNER LA	AST NAME:	Com	Company LLC			BUILDING ADDRESS:			539 I Dr	nkberry
		(BUILDING	ADDRESS MU	JST BE POSTE	ED ON PROP	ERTY B	BEFORE A FINAL	INSPECT	ION WILL BE	COMPLET	Γ <u>ED)</u>			
TAX MAP RE	FERENCE:	312	BLOCK:	01	PAI	RCEL:	039		LOT:	03908	ZON	IING DISTR	ICT:	AAR Condition
	LOT DE	SCRIPTION:	ACRES:	.2087	FRONT	FEET:	53.53	DEPTH (OF SIDE:	135		SUBDIVIS	ION:	Yes
Project Name: 53	Project Name: 539 Inkberry Dr													
IS PROPERTY LO	OCATED IN A	A FLOOD ZONE:	⊘ No O Yes											
ESTIMATED COI	NSTRUCTIO	N COST TO COM	MPLETE (exclud	ding lot):			\$ 127823							
LICENSE TYPE : (9 Contractor	OLimited Spec	ialty / Tradition	nal Specialty /	Installer O 0	wner B	uilder							
					BUILDIN	IG INFO	RMATION							
		(Ple	ase fill in comp	oletely and ac	curately with	n all app	plicable informa	tion. Ente	r 0 if not appli	cable.)				
		LENGTH 8	0	S0. F00	TAGE HEATE	ED 2	2157			NO. BA	THS	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:	⊘ No O Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3026

FOUNDATION:	□Basem	ent□Block□Crawl	Space□Piers/Skirting□Poure	d Wal	lls ⊠ Slab				
INTERIOR WALLS:	☑Drywa	all□Panel□Wood	□Other		ATTIC AREA:	ned			
FLOOR FINISH:	 C arpe	t⊮Hardwood⊮Til	e ⊠ Vinyl □Other		FIREPLACE:				
ROOF TYPE :	⊘ Gable	OGambrel OHip C	Other		ROOFING:	✓Metal ✓Shingles	ngles Other		
EXTERIOR FINISH:	□Brick	Ø Hardboard□Mas	onte□Stucco□VinyI□Wo	od \square	Other	ROOF PITCH :	: 5.5		
HEATING SYSTEM:	☑ Centra	al Air ⊠ Central Hea	t□Heat Pump□Other			'			
SANITATION:	⊘ Public	Sewer O Septic Ta	nk	WATER: OPrivate Public					
PLUMBING: (please give number	r to each)								
TUBS TOILETS	2	KIT	SHOWERS FCHEN SINKS	1	TUB/SHOWER WATER HEATER	1 D	LAVATORIES ISHWASHER	1	
FLOOR DRAINS	0	WASHI	WASHING MACHINE		OTHER	4			
SWIMMING POOL (IF APPLICAB	LE)		Odd Shape		Is this Permit f	or a Swimming Pool?	OYes ⊘ No		
OFiber glassOGuniteOVir	nyl		oud Silape		LENGTH:	W	IDTH:		
Are you combining th	Application	on with	No		Select all that apply:	'lumbing □Gas			
ENERGY CODE COMPLIANCE ME	THOD: ✓P	erformance⊡Pre	scriptive□Trade Offs						
SITING REQUIREMENTS FOR API	PROVAL O	F THIS PERMIT AI	RE AS FOLLOWS:				1		
	MINIMU	JM FRONT YARD:		20		MINIMUM SIDEYARD:		5	
	MINII	MUM REARYARD:		20		BUFFER:			
	SCREE	ENING 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.

|--|

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 IDENTIFED HEREIN. REASONABL HEREBY PROVIDED THAT AN ONSITE INSPECTION BY A MEMBER OF THE COUNTY APPRAISAL STAFF MAY BE REQUIRED. SAID PROPERTY VISIT WILL BE FOR TH

Address: Parcel Number(s):

531 Inkberry DR, Griffin Georgia 30223

312 01035

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

			S	PALDI	NG CO	DUN	VTY, GE	ORG	IA				
ZONI			PERM	IT NO:			FE	E\$			REC.		
	'						FICATE AND BU					1	
ØErectOMake /	AdditionORe	emodelORepa	ir O0ther										
OAccessoryOC	ommercialC	Industrialized	OManufacture	edOMulti Fami	ly ⊘ Single F	amily (O0ther						
Land Use: Resid	dential		Olnside City	of Griffin ⊘O	utside City (of Griffi	in						
OApartment			OResidentia	l Condominiun	1	Ø :	Single Family D	etached Ho	ousing	No	of Dwellings: 1		
Provide a brief description of the project													
Martin Ray / Ele	vation 6												
APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME: Dunn MAILING ADDRESS:							nwinds y., Ste.				
FOR INSPECTIONS brian.mccartney@jwhomes.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@pulte.com,bryan.sco										enter co	For multiple emails, enter comma separated email addresses		
TELEPHONE:	67837371	18			CITY:	Alpha	pharetta STATE:			E: Geo	orgia	ZIP:	30009
OWNER FIRST NAME:	Pulte Hom	ne		OWNER LAST NAME: Co				ompany LLC			ING ADDRESS:	531 I Dr	Inkberry
		(BUILDING	G ADDRESS MU	JST BE POSTE	D ON PROPI	ERTY B	EFORE A FINAL	. INSPECTI	ON WILL BE (COMPLET	<u>ED)</u>		
TAX MAP RE	FERENCE:	312	BLOCK:	01	PAF	RCEL:	035		LOT:	35	ZONING DIST	RICT:	AAR Condition
	LOT DE	SCRIPTION:	ACRES:	.2087	FRONT I	FEET:	53.53	DEPTH O	F SIDE:	135	SUBDIVI	SION:	Yes
Project Name: 53	31 Inkberry D	r							'		<u>'</u>	'	
IS PROPERTY LO	DCATED IN A	FLOOD ZONE	: Ø No O Yes										
ESTIMATED COI	NSTRUCTION	N COST TO CO	MPLETE (exclu	ding lot):			\$ 118872						
LICENSE TYPE : (⊘ Contractor	OLimited Spe	cialty / Traditio	nal Specialty /	Installer O O	wner B	uilder						
					BUILDIN	G INFO	RMATION						
		(Ple	ase fill in com	pletely and acc	urately with	all app	olicable informa	ntion. Enter	0 if not appli	cable.)			
		LENGTH	7.	00 5001	ACCLICATE	-D _				NO DAT	THE A		

LENGIH	/b	SQ. FUUTAGE MEATED	2094	NU. 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:	O No ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2767

FOUNDATION:	□Basem	nent 🗆 Bloc	:k□Crawl Spa	ce Piers/Skirting Port	ured Wa	lls ⊠ Slab					
INTERIOR WALLS:	☑Drywa	all□Pane	l□Wood □0	Other		ATTIC AREA: □Finished ☑Unfinished					
FLOOR FINISH:	☑Carpe	t ⊠ Hardw	vood ' ⊈Tile '	Vinyl □Other		FIREPLACE:	⊘ InsertOMasonry				
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other					ROOFING :	✓Metal ✓Shingles	✓ Metal ✓ Shingles □Other			
EXTERIOR FINISH:	□Brick☑Hardboard□Masonte□Stucco□Vinyl□Woo					Other	ROOF PITCH:	5.5			
HEATING SYSTEM:	 Centra	al Air ⊠ Ce	entral Heat□	Heat Pump□Other			'	1			
SANITATION:	NITATION:					WATER:	O Private ⊘ Public				
PLUMBING: (please give number to each)											
TUBS TOILETS	2	SHOWERS KITCHEN SINKS			1	TUB/SHOWER WATER HEATER	1 [LAVATORIES DISHWASHER	î 1		
FLOOR DRAINS	0 WASHING MACHINE				1	OTHER	2				
SWIMMING POOL (IF APPLICABLE)			d Shape		Is this Permit	for a Swimming Pool?	OYes ⊘ No				
OFiber glassOGuniteOVi	nyl			и зпаре		LENGTH:	V	VIDTH:			
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?			ØYesONo			Select all that apply:	Plumbing □Gas				
ENERGY CODE COMPLIANCE ME	ENERGY CODE COMPLIANCE METHOD: ☑ Performance □ Prescriptive □ Trade Offs										
SITING REQUIREMENTS FOR AP	PROVAL O	F THIS P	ERMIT ARE	AS FOLLOWS:							
	MINIM	UM FRON	IT YARD:		20		MINIMUM SIDEYARD:		5		
	MINI	MUM REA	ARYARD:		20		BUFFER:				
	SCREI	ENING RE	QUIRED:								

(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 IDENTIFED HEREIN. REASONABL

Address: Parcel Number(s):

422 Golden Rod CT, Griffin Georgia 30223

312 01091

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

SPALDING COUNTY, GEORGIA														
ZONII CERTIFICAT	PERMIT NO: FEE \$ REC.													
							FICATE AND BUI							
ØErectOMake /	AdditionOR	emodel ORepa	ir O0ther											
OAccessoryOC	ommercialC	Olndustrialized	OManufacture	edOMulti Fami	ly ⊘ Single F	amily	O0ther							
Land Use: Residential OInside City of Griffin ⊕Outside City of Griffin														
OApartment	OResidential Condominium Single Family Detached Housing No of Dwellings : 1													
Provide a brief description of the project														
Abbeyville / Elev	ation 6													
APPLICANT FIRST NAME:	Araceli	APPLICANT LAST NAME: Dunn						MA	MAILING ADDRESS: N			2475 Northwinds Pkwy., Ste. 600		
FOR INSPECTIONS brian.mccartney@jwhomes.com,David.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@pulte.com,bryan.sco										enter co separate	For multiple emails, enter comma separated email addresses			
TELEPHONE:	CITY: Alpharetta STATE: Georgia ZIF									ZIP:	30009			
OWNER FIRST NAME:	Pulte Home OWNER LAST NAME: Company LLC BUILDING ADDRESS:									422 G	Golden			
		(BUILDIN	G ADDRESS MI	UST BE POSTE	D ON PROPI	ERTY B	BEFORE A FINAL	INSPECTI	ON WILL BE	COMPLE	TED)			
TAX MAP REFERENCE: 312 BLOCK: 01 PARCEL: 091 LOT: 09108 ZONING DISTRI							ICT:	AAR Condition						
	LOT DE	SCRIPTION:	ACRES:	.1612	FRONT I	FEET:	52	DEPTH O	F SIDE:	135		SUBDIVIS	ION:	Yes
Project Name: 42	22 Golden Ro	od Ct												
IS PROPERTY LO	OCATED IN A	A FLOOD ZONE	: Ø No O Yes											
ESTIMATED CON	NSTRUCTIO	N COST TO CO	MPLETE (exclu	ding lot):			\$ 105757							
LICENSE TYPE : (OContractor	OLimited Spe	cialty / Traditio	nal Specialty /	Installer O 0	wner B	Builder							
					BUILDIN	G INFO	RMATION							
		(Ple	ease fill in com	pletely and acc	curately with	all ap	plicable informa	tion. Enter	0 if not appl	icable.)				
		I ENGTH	26.0	SU EUUT	VGE HEVTE	D 1	1455			NO R/	тне	า		

LLINGIII	00.0	SQ. I OUTAGE HEATED	1000	NO. DATTIO	۷
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:	⊘ No O Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2324

FOUNDATION:	□Basement□Bloo	k□Crawl Sp	pace□Piers/Skirting□Poured	d Wa	lls ∕ Slab					
INTERIOR WALLS:	☑Drywall□Pane	I□Wood □	Other		ATTIC AREA	□Finished☑Unfinish	□Finished Unfinished			
FLOOR FINISH:	☑ Carpet ☑ Hardv	vood ⊠ Tile	☑ Vinyl □Other		FIREPLACE: OInsertOMasonry					
ROOF TYPE :	⊘ GableOGambrelOHipOOther				ROOFING :	✓Metal ✓Shingles	Other .			
EXTERIOR FINISH:	□Brick Hardbo	ard□Maso	nte□Stucco□VinyI□Woo	od 🛂	Other Stone	ROOF PITCH:	5.5			
HEATING SYSTEM:	☑Central Air ☑Ce	entral Heat(☐Heat Pump☐Other							
SANITATION:					WATER	O Private ⊘ Public				
PLUMBING: (please give numbe	r to each)									
TUBS TOILETS	2			1	TUB/SHOWER WATER HEATER		LAVATORIES ISHWASHER	1		
FLOOR DRAINS	0	WASHIN	G MACHINE	1	OTHER	2				
SWIMMING POOL (IF APPLICABLE)				Is this Permit for a Swimming Pool ? OYes ⊗No						
OFiber glassOGunite OVi	nyl		аа зпаре		LENGTH:	W	IDTH:			
Are you combining th	Are you combining this Building Permit Application with		lo		Select all that apply:					
Mechanical, Electrical,	• •			•	☑Mechanical ☑Electrical ☑	Plumbing Gas				
ENERGY CODE COMPLIANCE ME	THOD: Performa	nce⊡Preso	criptive□Trade Offs							
SITING REQUIREMENTS FOR AP	PROVAL OF THIS P	ERMIT ARI	AS FOLLOWS:							
	MINIMUM FRONT YARD:					MINIMUM SIDEYARD:		5		
	MINIMUM RE	ARYARD:		20	BUFFER:					
	SCREENING RE	QUIRED:								

(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.

|--|

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 IDENTIFED HEREIN. REASONABL

Address: Parcel Number(s):

205 Brunswick DR, Griffin Georgia 30223

314 01017

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

SPALDING COUNTY, GEORGIA															
ZONI CERTIFICAT			PERM	MIT NO:			F	EE\$				REC.			
	'		REBY MAKE AF												
⊘ ErectOMake	Addition OF	RemodelORe	pair O0ther												
OAccessoryO0	ommercial	OIndustrializ	edOManufact	uredOMulti Fa	amily∕⊘Single	e Fami	ly O0ther								
Land Use: Residential OInside City of Griffin OOutside City of Griffin															
OApartment	OApartment OResidential Condominium Single Family Deta					Detached	Ηοι	using	No of Dw	rellings: 1					
Provide a brief description of the project															
Taft Street / Ele	vation 5														
APPLICANT FIRST NAME:	Araceli			APPLICANT LAST NAME: Dunn						MAILING ADDRESS:			2475 Northwinds Pkwy., #600		
FOR INSPECTIONS brian.mccartney@pulte.com,david.crankshaw@pulte.com,david.shumaker@pulte.com,jacob.potter@pulte.com,bryan.scol separate											For multiple emails, enter comma separated email				
TELEPHONE:	6783737	118	CITY: Alpharetta STATE: Georg								Georgia		ZIP:	30009	
OWNER FIRST NAME:	Pulte Hor	ne		OWNER LAST NAME: Company LLC						E	BUILDING ADDRESS:			205 Brunswick Dr	
		(BUILDIN	IG ADDRESS M	UST BE POSTI	ED ON PROP	ERTY B	BEFORE A FINA	AL INSPEC	CTIO	N WILL BE CO	MPLETED)				
TAX MAP RE	FERENCE:	314	BLOCK:	01	PAF	PARCEL: 017			LOT: 0		01716 ZO		NING RICT:	AAR Condition	
	LOT DE	SCRIPTION:	ACRES:	.1463	FRONT I	FEET:	47.01	DEPTH	OF :	SIDE: 13	35.87	SUBDIVIS	SION:	Yes	
Project Name: 2	05 Brunswic	ck Dr													
IS PROPERTY L	OCATED IN	A FLOOD ZO	NE: ⊘ No O Yes												
ESTIMATED CO	NSTRUCTIO	N COST TO	COMPLETE (ex	cluding lot):			\$ 106719								
LICENSE TYPE :	⊘ Contracto	or O Limited S	pecialty / Tradi	tional Specialt	y / Installer C) Owne	r Builder								
					BUILDIN	G INFO	DRMATION								
		(PI	ease fill in com	pletely and ac	curately with	n all ap	plicable inforr	nation. En	ter () if not applica	ble.)				
		LENGTH	87	SQ. F00	TAGE HEATE	ED 1	1592			N	O. 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:	⊘ No O Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2312

FOUNDATION: Basement Block Crawl Space Piers/Skirting Poure					✓Slab				
☑ Drywall□F	anel□Wood 〔	Other .			ATTIC AREA:	shed			
					FIREPLACE: OlnsertOMasonry				
⊘ Gable O Ga	mbrel O Hip O (Other			ROOFING:	☐Metal ☑ Shingles	□0ther		
EXTERIOR FINISH: Sprick Hardboard Mason				d 🗆	Other	ROOF PITCH:	5.5		
☑ Central Air	☑Central Heat	□Heat Pump[Other						
SANITATION:					WATER:	O Private ⊘ Public			
PLUMBING: (please give number to each)									
0	SHOWERS				TUB/SHOWER	1	LAVATORIES	3	
2	KITCHEN SINKS			1	WATER HEATER	1 [DISHWASHER	1	
0 WASHING MACHINE			1	1	OTHER	2			
SWIMMING POOL (IF APPLICABLE)					Is this Permit fo	or a Swimming Pool ?	OYes ⊘ No		
yl		ud Snape			LENGTH:	\	VIDTH:		
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?						Plumbing □Gas			
ΓHOD: Perfo	rmance⊡Pre	scriptive Tra	de Offs						
PROVAL OF TH	IIS PERMIT AI	RE AS FOLLOW	VS:					,	
MINIMUM FF	ONT YARD:		20		r	MINIMUM SIDEYARD		5	
MINIMUM	REARYARD:		20			BUFFER:			
SCREENING	REQUIRED:							_	
	©GableOGa ©GableOGa ©Brick©Hard ©Central Air ©Public Sew to each) 0 2 0 E) I Building Perm application with ambing or Gas THOD: ©Perform ROVAL OF TH MINIMUM FR	©Carpet Hardwood Tile ©Gable OGambrel OHip OG ©Brick Hardboard Mass ©Central Air ©Central Heat ©Public Sewer OSeptic Tai to each) 0 2 KITC 0 WASHING E) Building Permit application with ambing or Gas? CHOD: ♥Performance □Pres	© Carpet Hardwood Tile Vinyl Other © Gable O Gambrel O Hip O Other © Brick Hardboard Masonte Stucco © Central Air Central Heat Heat Pump O Public Sewer O Septic Tank to each) 0 SHOWERS 2 KITCHEN SINKS 0 WASHING MACHINE E) O Odd Shape HOD: ♥ Performance Prescriptive Trank ROVAL OF THIS PERMIT ARE AS FOLLOW MINIMUM FRONT YARD: MINIMUM REARYARD:	©Drywall Panel Wood Other ©Carpet Hardwood Tile Vinyl Other ©Gable OGambrel OHip Oother ©Brick Hardboard Masonte Stucco Vinyl Wood ©Central Air Central Heat Heat Pump Other ©Public Sewer OSeptic Tank to each) 0 SHOWERS 2 KITCHEN SINKS 0 WASHING MACHINE E) Odd Shape HOD: ©Performance Prescriptive Trade Offs ROVAL OF THIS PERMIT ARE AS FOLLOWS: MINIMUM FRONT YARD: 20	©Drywall Panel Wood Other ©Carpet Hardwood Tile Vinyl Other ©Gable OGambrel OHip Oother ©Brick Hardboard Masonte Stucco Vinyl Wood OC ©Central Air Central Heat Heat Pump Other ©Public Sewer OSeptic Tank to each) 0 SHOWERS 1 2 KITCHEN SINKS 1 0 WASHING MACHINE 1 E) Oodd Shape I Building Permit Application with Imbing or Gas? ©Yes ONo THOD: Performance Prescriptive Trade Offs PROVAL OF THIS PERMIT ARE AS FOLLOWS: MINIMUM FRONT YARD: 20 MINIMUM REARYARD: 20	☑Drywall □Panel □Wood □Other ATTIC AREA : ☑Carpet ☑Hardwood ☑Tile ☑Vinyl □Other FIREPLACE : ☑Gable Ogambrel ○Hip ○Other ROOFING : ☑Brick ☑Hardboard □Masonte □Stucco □Vinyl □Wood □Other ☑Central Air ☑Central Heat □Heat Pump □Other ②Public Sewer ○Septic Tank WATER : to each) 1 ② SHOWERS 1 TUB/SHOWER ② KITCHEN SINKS 1 WATER HEATER ③ WASHING MACHINE 1 OTHER E) ☐ Is this Permit f ☑Dodd Shape LENGTH : ☑Building Permit Imbing or Gas? ☑Yes ○No ☐HOD: ☑Performance □Prescriptive □Trade Offs ☐ROVAL OF THIS PERMIT ARE AS FOLLOWS: MINIMUM FRONT YARD: 20 MINIMUM REARYARD: 20	### ATTIC AREA: Finished ## Unfinished ## Unfinished ### Unfinished ## Unfinished ### Unfinished ## Unfinished ### Unfinishe	### ATTIC AREA: Finished ### Uniplication with policiation with policiation with mining or Gas? ### OPERMIT ARE AS FOLLOWS: ### ATTIC AREA: Finished ### Uniplication with mining or Gas? Finished #### Uniplication with mining or Gas? Finished #### Uniplication with mining or Gas? Finished ##### Uniplication with mining or Gas? Finished ####################################	

(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 IDENTIIFED HEREIN. REASONA

Address: Parcel Number(s):

233 Brunswick DR, Griffin Georgia 30223

314 01031

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

		SP	ALDIN	IG CC)U	NTY, C	EO	RGI	Ā				
ZONING CERTIFICATE:		PERM	IIT NO:			FE	E\$				REC	i	
						TIFICATE AND							
⊘ ErectOMake A	AdditionORemode	ORepair O	Other										
OAccessoryOCc	ommercialOIndus	trializedOM	anufactured(OMulti Fan	nily@	Single Famil	y O0the	er					
Land Use: Resid	lentia	Olnside	City of Griffin	n ⊘ Outside	e City	y of Griffin							
OApartment		OResidential Condominium Single Family Detached Housing No of Dwellings: 1											
Provide a brief de Steel Creek / Ele		ption of the project											
APPLICANT FIRST NAME:	Araceli	Araceli APPLICANT LAST NAME: Dunn MAILING ADDRESS: 2475 Northwinds Pkwy., Ste. 600											
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney(@pulte.com,c	david.cranksh	aw@pulte.	com	,david.shumal	ker@pult	e.com,j	acob.pc	otter@		enter co	ed email
TELEPHONE:	6783737118			CITY:	Alp	oharetta		ST	ATE:	Georg	ia	ZIP:	30009
OWNER FIRST NAME:	Pulte Home		OWNER LAS	T NAME:	Со	mpany LLC			BUILD	ING AE	DRESS:	233 E	Brunswick
	(BUILDING ADD	RESS MUST	BE POSTED	ON PROPE	RTY	BEFORE A FI	NAL INS	PECTIO	N WILL	BE CO	MPLETED)	1	
TAX MA	0	301											
LOT	DESCRIPTION:	ACRES:	.1315	FRO FEE		42	DEPT S	H OF IDE:	136	.38	SUBDIVIS	SION:	Υ

Project Name: 233 Brunswick Dr

IS PROPERTY	/ LOCATED IN A	FLOOD	ZONE: 💇	No O Yes								
ESTIMATED	CONSTRUCTION	COST	ТО СОМРІ	LETE (excluding lo	ot):	\$	99606					
LICENSE TYP	E : ⊘ Contractor	OLimite	ed Specialt	ty / Traditional Sp	ecialty / In	stall	er O Owne	er Builder				
				BU	JILDING IN	DING INFORMATION						
	(Ple	ease fill	in comple	tely and accurate	ly with all	applicable information. Enter 0 if not appli					<u></u>)	
	LENG	тн 7	' 8	SQ. FOOTAGE	HEATED	15	05	NO. BATHS			2	
	WID.	тн з	10	SQ FOOTAGE	GARAGE	43	3	NO. BEDROOM			2	
	STORI	ES 1			OOTAGE ARPORT	0			TOTAL F	ROOMS	5	
	1st FLOOR SQ. FT. SQ. FOOTAGE PATIO(S)					12	0	SQ. F00	OTAGE CO	OVERED ORCHES	227	
	FIREPLACE: ONO SQ. FOOTAGE Yes BASEMENT				0		ТОТ	AL SQ. FC	OOTAGE	2165		
	FOUNDATION: □Basement□Block□Crawl Space□Piers/Skin INTERIOR WALLS: □Drywall□Panel□Wood □Other					ng	Poured Wa	alls ∕ Slab	□Finis	shed ⊠ Ur	nfinished	
FI	LOOR FINISH :	☑ Cal		dwood⊮Tile⊮Vin	yl 🗆	FIREPLACE :			OlnsertOMasonry			
	ROOF TYPE :	⊘ Ga	ble O Gam	brelOHipOOther				ROOFING:	✓Meta	al ⊠ Shing		
ЕХТЕ	RIOR FINISH :	⊠ Bri	ck ⊻ Hardb	oard⊡Masonte⊡)Stucco□\	/inyl	□Wood (□Other	ROOF	PITCH:	5.5	
HEAT	ING SYSTEM :	⊠ Cer	ntral Air ⊠ 0	Central Heat□Hea	at Pump□	Othe	r					
	SANITATION: Public Sewer O Septic Tank							WATER:	OPriv	ate ⊘ Pub	lic	
PLUMBING:	(please give nur	nber to	each)									
	TUBS	0		SHOWERS		2	T	UB/SHOWER		0	LAVATORIES	3
Т	TOILETS 2 KITCHEN SINKS					1	WA	TER HEATER		1 D	ISHWASHER	1
FLOOR	DRAINS					1		OTHER		2		
SWIMMING APPLICABLE				□Odd Shape				Is this Permit fo	or a Swim	ıming Po	ol? OYes ⊘ N	0
Orth	accOGunitaOVi	nvl					I ENIC	<u></u>		WIDTH ·		

Are vou combinina this Buildina Permit

Select all that apply:

⊚YesONo	✓ Mechanical	 I	as							
erformance⊡Prescriptive⊡	Trade Offs									
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:										
Γ YARD:	20	MINIMUM SIDEYARD:	5							
RYARD:	20	BUFFER:								
QUIRED:										
	Performance□Prescriptive□	Performance Prescriptive Trade Offs F THIS PERMIT ARE AS FOLLOWS: T YARD: 20 RYARD: 20	ØYesONo ØMechanical ✓ Electrical ✓ Plumbing □ G Performance □ Prescriptive □ Trade Offs F THIS PERMIT ARE AS FOLLOWS: T YARD: 20 MINIMUM SIDEYARD: RYARD: 20 BUFFER:							

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 PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS 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 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.

Address: Parcel Number(s):

235 Brunswick DR, Griffin Georgia 30223

314 01032

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT

		SPAL	DING CO	DŪ	NTY, C	EC)RG	IA				
ZONING CERTIFICATE:		PERMIT NO):		FE	E\$				REC.		
		MAKE APPLICATIO										
⊗ Erect O Make A	AdditionORemode	ORepair OOther										
OAccessory OCc	OAccessoryOCommercialOIndustrializedOManufacturedOMulti Family@Single Family O0ther											
Land Use : Resid	lentia	OInside City of Griffin Outside City of Griffin										
OApartment		OResidential Condominium Single Family Detached Housing No of Dwellings:										
Provide a brief do		ption of the project										
APPLICANT FIRST NAME:	Araceli	Araceli APPLICANT LAST NAME: Dunn MAILING ADDRESS: 2475 Northwinds Pkwy., Ste. 600									nwinds	
CONTACT FOR INSPECTIONS EMAIL	brian.mccartney(@pulte.com,david.	crankshaw@pulte	e.com	n,david.shuma	ker@pı	ulte.com	jacob.po	tter@		enter co	ted email
TELEPHONE:	6783737118		CITY:	Al	pharetta		S ⁻	ГАТЕ:	Georgia		ZIP:	30009
OWNER FIRST NAME:	Pulte Home	OWNER LAST NAME: Company LLC BUILDI						ING ADDI	RESS:	235 E Dr	Brunswick	
	(BUILDING ADD	RESS MUST BE P	OSTED ON PROP	ERT	Y BEFORE A FI	NAL IN	ISPECTI	ON WILL	BE COM	PLETED)		
TAX MA	011 011 00210								AAR Condition			

FRONT

FEET:

DEPTH OF

SIDE:

136.38

42

SUBDIVISION:

Project Name: 235 Brunswick Dr

LOT DESCRIPTION:

ACRES:

.1315

IS PROPERTY	LOCATED IN A	FLOOD	ZONE: 🛇	No O Yes								
ESTIMATED (CONSTRUCTION	COST	ТО СОМР	LETE (excluding lo	ot):	\$	94125					
LICENSE TYPE	E : ⊘ Contractor 	OLimite	ed Special	ty / Traditional Sp	ecialty / In	stalle	er O 0wner Bu	ıilder				
				ВІ	JILDING IN	FORI	MATION					
	(Ple	ase fill	in comple	etely and accurate	ely with all	appli	cable inform	ation. Enter	0 if not app	olicable.)	
	LENG	тн ;	78	SQ. FOOTAGE	HEATED	135	NO. BATHS				2	
	WID	тн з	30	SQ FOOTAGE	GARAGE	433	3	NO. BEDROO			2	
	STORI	ES	1		OOTAGE	0			TOTAL RO	OMS	4	
	1st FLOOR SQ. FT. 1355 SQ. FOOTAGE PATIO(S))	SQ. F00	OTAGE COV	ERED CHES	218	
	FIREPLACE: ONOO SQ. FOOTAGE Yes BASEMENT					0		ТОТА	AL SQ. FOO	TAGE	2006	
F	FOUNDATION: □Basement□Block□Crawl Space□Piers/Sl					ng□l		ŠSlab	□Finish	ed ∜ l Inf	finished	
	OOR FINISH :	♂ Ca Other		dwood ∕ Tile ∕ Vin	ıyl 🗆	FIREPLACE:			OlnsertOMasonry			
	ROOF TYPE :	⊘ Ga	ble O Gam	brelOHipOOther				ROOFING:	☑ Metal (⊻ Shing	les 🗆 Other	
EXTE	RIOR FINISH :			ooard□Masonte□	JStucco□\	/inyl(□Wood 愛 Ot	her	ROOF F	PITCH:	5.5	
HEATI	NG SYSTEM :	– Stone □Ce		Central Heat□Hea	at Pump□(Other						
S	SANITATION:	⊘ Pu	blic Sewer	O Septic Tank				WATER:	OPrivat	e ⊘ Publi	ic	
PLUMBING: (MBING: (please give number to each)											
	TUBS	0		SHOWERS		1		SHOWER	1		AVATORIES	3
	TOILETS 2 KITCHEN SINKS FLOOR DRAINS 0 WASHING MACHINE					1	WATER	OTHER	1		SHWASHER	1
SWIMMING F				□Odd Shape			ls t	his Permit fo	or a Swimm	ing Poo	I ? OYes ⊘ N	0
OFiber gla	ssOGuniteOVi	nyl				LENGTH: WIDTH:						

Application with Mechanical, Electrical, Plumbing or Gas?	⊘ YesONo	☑ Mechanical ☑ Electrical ☑	Plumbing 🗆 G	as						
ENERGY CODE COMPLIANCE METHOD: P	erformance⊡Prescriptive⊡T	rade Offs								
SITING REQUIREMENTS FOR APPROVAL OF THIS PERMIT ARE AS FOLLOWS:										
MINIMUM FRONT	YARD:	20 MINIMU	JM SIDEYARD:	5						
MINIMUM REAF	RYARD:	20	BUFFER:							
SCREENING REQ	UIRED:									

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 PHOTOCOPY OF THIS APPLICATION SHALL BE VALID AS 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 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.

BLDG-03-20-000071

LOT DESCRIPTION:

ACRES:

Parcel Number(s): **Location Details:** Address:

310 Tea Rose CT, Griffin Georgia 30223 31301058 Lot 5, Pod 9

APPL	IC/	ATIO			P	ER	CERTI RMIT JNTY,				D BUI	LD	OING
ZONING CERTIFICATE:			PERI	MIT NO:			FE	E\$			REC		
							RTIFICATE AN					_	
⊗ ErectOMake	Additi	ionORe	modelORe	pair O0ther									
OAccessoryO0	omm	ercialO	Industrializ	zed O Manufa	ctured	OMul	ti Family ⊘ Sir	ngle Far	nily (O0ther			
Land Use: Resi	dentia	1	Oli	nside City of	Griffin (⊘ Outs	side City of G	riffin					
OApartment OResidential Condominium Single Family Detached Housing						No of Dwell	ings	:					
Provide a brief o		-		t						'			
APPLICANT FI	RST ME:	Arace	li	APPLI LAST N		Dun	nn	MA	AILIN	G ADDRESS	2475 No Pkwy.,St		
CONTACT INSPECTION			mccartney(shumaker(m, davi	d.crar	nkshaw@pulto	e.com,			For multiple separated e		s, enter comma ddresses
TELEPHO	NE:	67837	737118		CITY:	Alpl	naretta	STAT	E:	Georgia	ZIP:	30	0009
OWNER FIRST NAME: Pulte Home OWNER LAST NAME: LLC							BUIL	LDIN	G ADDRESS	310 Tea	Rose	e Court	
(BUI	LDIN	G ADDR	ESS MUST	BE POSTED	ON PRO	PERT	Y BEFORE A	FINAL II	NSPI	ECTION WIL	L BE COMPL	ETE	<u>D)</u>
TAX MAP REFERENCE:		310	BLOCK:	01	PARC	DEL:	058	LOT	:	05809	ZONI DISTRIC		AAR Condition

FRONT

.3097

DEPTH

OF

138.46

SUBDIVISION:

161.	SIDE:	
Project Name: 310 Tea Rose Court		
IS PROPERTY LOCATED IN A FLOOD ZONE: ⊘ No ○ Yes		
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 130691	
LICENSE TYPE : ② Contractor O Limited Specialty / Traditional Specia	alty / InstallerOOwner Builder	

BUILDING INFORMATION (Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.) SQ. FOOTAGE LENGTH NO. BATHS 74 2 2417 HEATED SQ FOOTAGE WIDTH NO. BEDROOMS 54 622 2 GARAGE SQ FOOTAGE **STORIES TOTAL ROOMS** CARPORT 1st FLOOR SQ. ${\sf SQ.}\, {\sf FOOTAGE}$ SQ. FOOTAGE COVERED 2417 120 260 PATIO(S) **PORCHES** FT. **⊘**No**O** SQ. FOOTAGE FIREPLACE: TOTAL SQ. FOOTAGE 3299 Yes **BASEMENT**

FOUNDATION:	☐Basement☐Block☐Crawl Space☐Piers	□Basement □Block □Crawl Space □Piers/Skirting □Poured Walls Slab							
INTERIOR WALLS:	☑Drywall□Panel□Wood □Other	ATTIC AREA :	□Finished ' Ur	nfinished					
FLOOR FINISH :	Garpet GHardwood GTile GVinyl ☐ Other	FIREPLACE:	FIREPLACE: OlnsertOMasonry						
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	ROOFING:	☑ Metal ☑ Shin	gles 🗆 Other					
EXTERIOR FINISH :	□Brick Hardboard □Masonte □Stuc Other Stone	co□Vinyl□Wood 🗹	ROOF PITCH	5.5					
HEATING SYSTEM:	☑Central Air☑Central Heat☐Heat Pur	t Pump□Other							
SANITATION:	⊘ Public Sewer O Septic Tank	WATER:	O Private ⊘ Pub	lic					

						-	
PLUMBING: (please give nu	mber to ea	ach)					
TUBS	0	SHOWERS	2	TUB/SHOWER	0 LAV	ATORIES	3
TOILETS	2	KITCHEN SINKS	1	WATER HEATER	1 DISH	WASHER	1
FLOOR DRAINS	0 W	ASHING MACHINE	1	OTHER	2		
SWIMMING POOL (IF APPLICABLE)		□Odd Shape		Is this Permit fo	or a Swimming Pool	I ? OYes ⊘ No	
OFiber glassOGuniteOVin	yl			LENGTH:	WII	DTH:	
Are you combining thi Permit Applica Mechanical, Electrical, Plu	ition with	⊘ Yes○No		Select all that apply: ☑Mechanical ☑Elec	etrical ⊡ Plumbing	□Gas	
ENERGY CODE COMPLIANC	E METHOD	: ☑ Performance□Pre	escriptive	□Trade Offs			
SITING REQUIREMENTS FO	R APPROV	AL OF THIS PERMIT A	RE AS FO	DLLOWS:			
MINIMU	JM FRONT	YARD:	20	MIN	IIMUM SIDEYARD:		5
MINIF	MUM REAF	RYARD:	20		BUFFER:		
SCREE	NING REQ	UIRED:					
	,			NC COUNTY ZONING			

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: 03/11/2020

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.

Address: Parcel Number(s): **Location Details:**

129 Little Gem CT, Griffin Georgia 30223 31301044 Lot 044 Pod 9

ADDITION FOR ZONING CERTIFICATE AND RUIT DING

		SPALD	P	ER	MIT					
ZONING ERTIFICATE:		PERMIT NO:			FEE	\$		REC.		
		APPLICATION FO								
ErectOMake Add	tionORemod	lelORepair O0t	her							
AccessoryOCom	nercialOIndu	ıstrializedOMar	ufactured	OMult	i Family ⊘ Sin	gle Family	O0ther			
and Use : Residentia OInside City of Griffin ⊘Outside City of Griffin										
OApartment		OResidential Condominium			⊘ Single Family Detached Housing			No of Dwell	ings :	
rovide a brief desc unwoody Way / Ele	-	project								
APPLICANT FIRST NAME:	Araceli		PPLICANT T NAME:	Dun	n	MAILIN	IG ADDRES	S:	2475 Northwinds Pkwy., Ste. 600	
CONTACT FOR INSPECTIONS EMAIL	brian.mcca	artney@pulte.co maker@pulte.co		anksh	aw@pulte.con	n,			emails, enter comm nail addresses	
		18 CITY: Alp		Alph	aretta	STATE:	Georgia	ZIP:	30009	
TELEPHONE:	67837371	18		OWNER LAST Con NAME: LLC						

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

TELI.	SIDE:	
Project Name: 129 Little Gem Court		
IS PROPERTY LOCATED IN A FLOOD ZONE: ⊘ No ○ Yes		
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 126694	
LICENSE TYPE : ② Contractor ○ Limited Specialty / Traditional Speci	alty / Installer O 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:	ONo ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3365						

FOUNDATION:	□Basement □Block □Crawl Space □Piers/Skirting □Poured Walls Slab						
INTERIOR WALLS:	☑Drywall□Panel□Wood □Other	ATTIC AREA :	□Finished ' Ur	nfinished			
FLOOR FINISH :	GarpetGHardwoodGTileGVinyl ☐Other	FIREPLACE:	⊘ Insert O Masc	onry			
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	ROOFING:	✓Metal ✓Shingles □Other				
EXTERIOR FINISH :	☑Brick☑Hardboard☐Masonte☐Stuc Other	ROOF PITCH	5.5				
HEATING SYSTEM:	☑Central Air☑Central Heat☐Heat Pur	mp□Other					
SANITATION:	⊘ Public Sewer O Septic Tank	WATER:	O Private ⊘ Pub	lic			

PLUMBING: (please	e give numbe	r to each)									
TUBS	1	S	HOWERS	2	TUB/SHOWER	0 LA	VATORIES	4			
TOILETS	3	KITCHEN SINKS		1	WATER HEATER	1 DIS	HWASHER	1			
FLOOR DRAINS	0	WASHING	MACHINE	1	OTHER	2					
SWIMMING POOL (IF APPLICABLE) Odd Shape					Is this Permit for a Swimming Pool ? OYes ❷No						
OFiber glassOGuniteOVinyl					LENGTH:	w	IDTH:				
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?			ONo		Select all that apply: ☑Mechanical ☑Elec	etrical ' Plumbing	ງ □Gas				
ENERGY CODE COM	IPLIANCE ME	THOD: Perf	ormance ☐Pr	escriptive(☐Trade Offs						
SITING REQUIREME	NTS FOR AP	PROVAL OF T	HIS PERMIT A	ARE AS FO	LLOWS:						
	MINIMUM F	RONT YARD:		20	MIN	IIMUM SIDEYARD:		5			
	MINIMUM	I REARYARD:		20		BUFFER:					
	SCREENING REQUIRED:										

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: 03/11/2020

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.

Parcel Number(s): Address:

227 Brunswick DR, Griffin Georgia 30223

314 01028

APPL	IC?	X110		PALDI]	PER	RMIT				11) BUIL	ÐΠ	NG			
ZONING CERTIFICATE:			P	PERMIT NO:			FE	EE\$				REC.					
				PLICATION FO								OVIDING ALL FFICIALS TO:					
⊗ ErectOMake	Addit	ionORe	modelC	ORepair OOt	her												
OAccessoryO0	omm	ercialO	Industr	ializedOMan	ufactured	IOMul	ti Family ⊘ Si	ngle Fa	amily	O0ther							
Land Use : Residentia OInside City of Griffin ⊘Outside City of						side City of G	riffin										
OApartment OResidential Condominium					um	ım					No of Dwellin	No of Dwellings :					
Provide a brief o		•	the pro	ject													
APPLICANT FII	RST ME:	Arace	li		PLICANT T NAME:	Dur	ın	N	MAILING ADDRESS: 2475 North Pkwy., Ste.				S				
CONTACT INSPECTION				ney@pulte.com		shumal	ker@pulte.cor	n					For multiple emails, enter comma separated email addresses				
TELEPHO	NE:	67837	737118		CITY:	Alpl	naretta	STA	ATE:	Georgia		ZIP:	30009)			
OWNER FII	RST ME:	Pulte	Home	OWN	OWNER LAST Company NAME: LLC			BUILDING ADDRESS:			227 Brunswick Dr						
<u>(BUI</u>	LDIN	G ADDR	ESS MU	IST BE POST	ED ON PR	OPERT	Y BEFORE A	FINAL	. INSF	PECTION W	ILL	BE COMPLE	ΓED)				
TAX MAP		21/	BI OCI	K.	01 PAR	CEL ·	028	1.0	OT:	28		ZONIN	G	AAR			

TAX MA	314	BLOCK:	01	PARCEL:	028	LOT:	28	ZONING DISTRICT:	AAR Condition	
LOT DESCRIPTION:		ACRES:	.1313	FRONT	42	DEPTH OF	136.21	SUBDIVISION:	Υ	

	SIDE:	
Project Name: 227 Brunswick Dr		
IS PROPERTY LOCATED IN A FLOOD ZONE: ⊘ No ○ Yes		
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 95727	
LICENSE TYPE: @ContractorOl imited Specialty / Traditional Speci	alty / Installar Owner Builder	

LICENSE TYPE : **②**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:	⊘ No O Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2148					

FOUNDATION:	☑ Basement □Block □Crawl Space □Piers	☑Basement □Block □Crawl Space □Piers/Skirting □Poured Walls □Slab							
INTERIOR WALLS:	☑Drywall□Panel□Wood □Other	ATTIC AREA :	□Finished ' Ur	ıfinished					
FLOOR FINISH:		FIREPLACE:	OlnsertOMasonry						
ROOF TYPE:	⊘ Gable O Gambrel O Hip O Other	ROOFING:	☑ Metal ☑ Shingles □Other						
EXTERIOR FINISH :	☑Brick☑Hardboard☐Masonte☐StuckOther	ROOF PITCH	5.5						
HEATING SYSTEM:		☑Central Air☑Central Heat☐Heat Pump☐Other							
SANITATION:	⊘ Public Sewer O Septic Tank	WATER:	O Private ⊘ Pub	lic					

PLUMBING: (please give numb	er to each)						
TUBS 0		SHOWERS	1	TUB/SHOWER	1 LAV	/ATORIES	3	
TOILETS 2	K	KITCHEN SINKS		WATER HEATER	1 DISH	HWASHER	1	
FLOOR DRAINS 0	WASI	HING MACHINE	1	OTHER	2			
SWIMMING POOL (IF APPLICABLE)		□Odd Shape		Is this Permit	for a Swimming Poc	imming Pool ? OYes ❷No		
OFiber glassOGuniteOVinyl				LENGTH:	WI	WIDTH:		
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		⊘Yes ○No		Select all that apply:	□Gas			
ENERGY CODE COMPLIANCE M	ETHOD: [Performance □ F	Prescriptive	e□Trade Offs				
SITING REQUIREMENTS FOR A	PPROVAL	OF THIS PERMIT	ARE AS F	OLLOWS:				
MINIMUM	FRONT YA	ARD:	20	MII	NIMUM SIDEYARD:		5	
MINIMUN	M REARYA	ARD:	20		BUFFER:			
SCREENIN	IG REQUII	RED:						
		1		1				

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.

Address:

Parcel Number(s):

147 Little Gem CT, Griffin Georgia 30223

313 01049

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

	SPALDING COUNTY, GEORGIA								
ZONING CERTIFICATE:		PERMIT NO:		FEE S	\$		REC.		
I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:									
⊘ ErectOMake AdditionORemodelORepair O0ther									
OAccessoryOCommercialOIndustrializedOManufacturedOMulti Family⊗Single Family OOther									
Land Use: Residentia OInside City of Griffin ⊙ Outside City of Griffin									
OApartment	OResidential Condominium OResidential Condominium OResidential Condominium OResidential Condominium OResidential Condominium OResidential Condominium				Dwellings :				
Provide a brief de Dunwoody Way /	•	project							
APPLICANT FIRST NAME:	Araceli	APPLI	CANT LAST NAME:	Dunn	MAILIN	IG ADDRESS:		Northwinds Ste. 600	
CONTACT FOR INSPECTIONS EMAIL	brian.mccartr	ney@pulte.com,d	avid.cranksha	aw@pulte.com,dav	id.shumaker@	pulte		ple emails, enter eparated email	
TELEPHONE:	6783737118		CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009	
OWNER FIRST NAME:	Pulte Home	OWNER L	AST NAME:	Company LLC	BUILDIN	BUILDING ADDRESS: 147 Little G		ttle Gem	
(BUIL	DING ADDRESS	MUST BE POST	ED ON PROPE	ERTY BEFORE A FII	NAL INSPECTI	ON WILL BE C	OMPLET	ED)	

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

PEEI:	SIDE:							
Project Name: 147 Little Gem Ct								
IS PROPERTY LOCATED IN A FLOOD ZONE: ❷No○Yes								
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 123675							
LICENSE TYPE :	alty / InstallerOOwner Builder							

LICENSE 1 YPE: Ocontractor Climited 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:	ONo ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	3441				

FOUNDATION:	□Basement □Block □Crawl Space □Piers/Skirting □Poured Walls ♥Slab						
INTERIOR WALLS:	☑Drywall□Panel□Wood □Other	ATTIC AREA :	□Finished☑Unfinished				
FLOOR FINISH :		FIREPLACE:	⊘ Insert O Masonry				
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	ROOFING:	☑ Metal ☑ Shingles □Other				
EXTERIOR FINISH :	☑Brick☑Hardboard☐Masonte☐Stuc Other	ROOF PITCH	5.5				
HEATING SYSTEM:	Gentral Air Central Heat Heat Pur						
SANITATION:	⊘ Public Sewer O Septic Tank	WATER:	O Private ⊘ Pub	lic			

PLUMBING: (pleas	e give numbe	er to each)						
TUBS	1	SH	OWERS	2	TUB/SHOWE	R 0	LAVATORIES	4
TOILETS	3	KITCHEN	SINKS	1	WATER HEATE	R 1	DISHWASHER	1
FLOOR DRAINS	0	WASHING M	ACHINE	1	OTHE	R 3		
SWIMMING POOL (IF APPLICABLE)					Is this Pern	nit for a Swimm	ing Pool ? OYes 6	∂ No
OFiber glassOGu	OFiber glassOGuniteOVinyl						WIDTH:	
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?			No		Select all that app		ımbing □Gas	
ENERGY CODE COM	IPLIANCE ME	ETHOD: ☑Perfor	mance⊡Pres	scriptive	☐Trade Offs			
SITING REQUIREM	ENTS FOR AP	PROVAL OF TH	S PERMIT AF	RE AS FO	LLOWS:			
	MINIMUM F	RONT YARD:		20		MINIMUM SIDE	YARD:	5
	MINIMUM	I REARYARD:		20		BU	FFER:	
	SCREENIN	G REQUIRED:						

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.

Address: Parcel Number(s):

153 Little Gem CT, Griffin Georgia 30223

31301052

APPLICATION FOR ZONING CERTIFICATE AND BUILDING PERMIT SPALDING COUNTY, GEORGIA

	SPALDING COUNTY, GEORGIA									
ZONING CERTIFICATE:		PERMIT NO:		FEE \$			REC.			
I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:										
⊘ ErectOMake AdditionORemodelORepair O0ther										
OAccessoryOCommercialOIndustrializedOManufacturedOMulti Family Single Family O0ther										
Land Use: Reside	nd Use : Residentia OInside City of Griffin ⊙Outside City of Griffin									
OApartment		OResidential C	condominium	⊗Single Family DetachedHousing1			f Dwellings :			
Provide a brief de Dunwoody Way / I	-	project								
APPLICANT FIRST NAME:	Araceli	APPLI	CANT LAST NAME:	Dunn	MAILING	G ADDRESS:		Northwinds Ste. 600		
CONTACT FOR INSPECTIONS EMAIL	brian.mccartn	ey@pulte.com,d	avid.cranksha	w@pulte.com,david.s	shumaker@p	ulte		ple emails, enter eparated email s		
TELEPHONE:	6783737118		CITY:	Alpharetta	STATE:	Georgia	ZIP:	30009		
OWNER FIRST NAME:	Pulte Home	OWNER LA	AST NAME:	Company LLC	BUILDING	BUILDING ADDRESS: 153 Little Gem Court		ttle Gem		
(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 DES	SCRIPTION:	ACRES:	.1939	FRONT	66	DEPTH OF	128	SUBDIVISION:	Υ

FEET:	SIDE:	
Project Name: 153 Little Gem Ct		
IS PROPERTY LOCATED IN A FLOOD ZONE: ⊘ No O Yes		
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 125245	
LICENICE TVDE - @Contractor Olimitad Charielty / Traditional Chari	olty / Installar Ocumer Builder	

 $LICENSE\ TYPE: \textbf{@}Contractor \textbf{O}Limited\ Specialty\ /\ Traditional\ Specialty\ /\ Installer \textbf{O}Owner\ Builder$

	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:	⊘ No O 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:		FIREPLACE:	OlnsertOMasonry				
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	ROOFING:	☑ Metal ☑ Shingles □Other				
EXTERIOR FINISH :	□Brick☑Hardboard□Masonte□Stuc Other Stone	ROOF PITCH	5.5				
HEATING SYSTEM:	☑Central Air☑Central Heat☐Heat Pur	☑Central Air☑Central Heat☐Heat Pump☐Other					
SANITATION:	⊘ Public Sewer O Septic Tank	water: OPrivate Public					

		г							
PLUMBING: (please give numb	er to ea	ch)							
TUBS 0		SHOWERS	1	TUB/SHOWER	1 LA	VATORIES	4		
TOILETS 3		KITCHEN SINKS	1	WATER HEATER	1 DIS	HWASHER	1		
FLOOR DRAINS 0	WA	ASHING MACHINE	1	OTHER	3				
SWIMMING POOL (IF APPLICABLE) Odd Shape				1 WATER HEATER 1 DISHWASHER 1 1 OTHER 3 Is this Permit for a Swimming Pool? OYes ❷No LENGTH: WIDTH: Select all that apply: ☑Mechanical ☑Electrical ☑Plumbing □Gas iptive□Trade Offs					
OFiber glassOGuniteOVinyl			LENGTH:	W	/IDTH:				
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		⊚YesONo				g □Gas			
ENERGY CODE COMPLIANCE M	IETHOD	: ☑ Performance□Pres	scriptive	☐Trade Offs					
SITING REQUIREMENTS FOR A	PPROV	AL OF THIS PERMIT AR	RE AS FO	DLLOWS:					
MINIMUM	FRONT	YARD:	20	MII	NIMUM SIDEYARD	:	5		
MINIMU	M REAR	YARD:	20		BUFFER:				
SCREENING REQUIRED:									
(TH	(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.

Parcel Number(s): Address:

108 Robin RD, Brooks Georgia Spalding 30205

282A01006

APPLICATION FOR ZONING CERTIFICATE AND BUILDING

		X 1 1 V		PALDI		PEF	RMIT			D DOII		
ZONING CERTIFICATE:			Р	ERMIT NO:			F	EE\$		REC.		
										ROVIDING ALI		
⊘ ErectOMake	Additi	onORe	modelC	Repair Ooth	ner							
OAccessoryOC	omme	ercialO	Industri	alizedOMan	ufacture	dOMul	ti Family ⊘ S	ingle Famil	y O0ther			
Land Use : Resid	dentia	OInside City of Griffin ⊘Outside City of Griffin										
OApartment			OI	Residential Condominium Single Family Detached Housing 1					No of Dwell	ngs :		
Provide a brief d	_		the proj	ect					'			
APPLICANT FI	RST ME:	Scott		APPLICAN	IT LAST NAME:	Gree	ene	MAIL	NG ADDRESS	PO box 9	26	
CONTACT INSPECTION		scotto	ე1368@	yahoo.com, d	onnietqh	n@gmai	il.com				emails, enter comma nail addresses	
TELEPHO	NE:	(678) 1513	758-		CITY:	Gree	enville	STATE:	Georgia	ZIP:	30222	
OWNER FI NA	RST ME:	David		OWNER LAST NAME: Chapman BUILDING ADDRESS: 108 Robin Rd						ı Rd		
(BUI	LDING	ADDR	ESS MU	ST BE POSTI	D ON PI	ROPERT	Y BEFORE A	FINAL INS	SPECTION WII	L BE COMPLI	ETED)	
TAX MAP		282A	BLOCK)1 PA	RCEL:	006	LOT:	6	ZONII	An-	1

EDONT

DEPTH

Eginiou

LOT DESCRIPTION:	ACRES:	3.38	FEET:	327	OF SIDE:	527	SUBDIVISION:	Estates				
Project Name: 108 Robin Rd												
IS PROPERTY LOCATED IN A FLOOD ZONE: ❷NoOYes												
ESTIMATED CONSTRUCTION lot):	COST TO C	COMPLETE (e	xcluding	\$ 200000)							
LICENSE TYPE :	Ol imited Si	necialty / Tra	ditional Snec	rialty / Installe	er O Owner	Ruilder						

	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:	ONo ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2887							

FOUNDATION:	□Basement □Block □Crawl Space □Piers	□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 : Sinsert OMasonry									
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	ROOFING:	✓Metal ✓Shingles □Other								
EXTERIOR FINISH :	☑Brick☑Hardboard☐Masonte☐StuceOther	co ⊠ Vinyl□Wood □	ROOF PITCH	10/12							
HEATING SYSTEM:	☑ Central Air ☑ Central Heat ☑ Heat Pur	np□Other									

SANITATION: OPublic Sewer Septic Tank					WATER:						
PLUMBING: (pleas	e give numl	per to each)									
TUBS	1		SHOWERS	1	TUB/SHOWER	1 LA	VATORIES	4			
TOILETS	2	<u> </u>	CHEN SINKS	1	WATER HEATER	1 DIS	HWASHER	1			
FLOOR DRAINS	() WASHIN	IG MACHINE	1	OTHER	10					
SWIMMING POOL (APPLICABLE)	WIMMING POOL (IF PPLICABLE) □Odd Shape			Is this Permit fo	r a Swimming Po	ol? OYes ⊘ N	0				
OFiber glassOGuniteOVinyl				LENGTH:	v	VIDTH:					
Are you combining this Buildin Permit Application with Mechanical, Electrical, Plumbing o Gas?		n with ⊘Y	⊘ YesONo		Select all that apply:						
ENERGY CODE COM	IPLIANCE N	METHOD: □Pe	erformance 	escriptive	□Trade Offs						
SITING REQUIREM	ENTS FOR A	PPROVAL OF	THIS PERMIT	ARE AS F	OLLOWS:						
	MINIMUM	FRONT YARD	D:	100'	MINI	MUM SIDEYARD:		25'			
	MINIMU	M REARYARD):	25'		BUFFER:					
SCREENING REQUIRED:											
			·								

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:	03/26/2020

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.

LOT DESCRIPTION: ACRES:

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

		SP	ALDIN			JNTY,	GEO	RGIA			
ZONING CERTIFICATE:		PER	MIT NO:			FE	E\$		REC.		
									ROVIDING ALL		
⊘ ErectOMake Add	itionORe	modelORe	pair O0ther								
OAccessoryOCom	mercialC	Industrializ	zed O Manufa	cturedC	OMul	ti Family ⊘ Siı	ngle Family	O0ther			
Land Use : Residentia OInside City of Griffin ⊘Outside City of Griffin											
OApartment	OApartment OResidential Condominium Single Family Detached Housing						No of Dwellings :				
Provide a brief desc Single Family Resid		the projec	t								
APPLICANT FIRST NAME:	Scott		APPL LAST N	ICANT IAME:	Gre	ene	MAILI	NG ADDRESS	SS: PO box 926		
CONTACT FOR INSPECTIONS EMAIL	scotto	g1368@yah	oo.com, don	nietqh@	gmai	l.com			For multiple e	mails, enter comma ail addresses	
TELEPHONE:	6787	581513		CITY:	Sen	oia	STATE:	Georgia	ZIP:	30222	
OWNER FIRST NAME:	David	l	OWNER N	LAST IAME:	Cha	ipman	BUILDI	NG ADDRESS	S: 110 Robin	ı Rd	
(BUILDI	NG ADDR	ESS MUST	BE POSTED	ON PRO	PERT	Y BEFORE A	FINAL INS	PECTION WIL	L BE COMPLE	TED)	
TAX MAP REFERENCE:	282	BLOCK:	01	PARC	EL:	003A	LOT:		ZONIN	AR-1	
							DEPTH				

315

527 SUBDIVISION:

	SIDE:	Lotateo
Project Name: 110 Robin Rd		
IS PROPERTY LOCATED IN A FLOOD ZONE: ⊘ No ○ Yes		
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot):	\$ 210000	
LICENSE TYPE : ⊘ Contractor O Limited Specialty / Traditional Special	alty / Installer O 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:	ONo ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2434							

FOUNDATION:	☐Basement☐Block☐Crawl Space☐Piers	□Basement □Block □Crawl Space □Piers/Skirting □Poured Walls ♥Slab								
INTERIOR WALLS:	☑Drywall□Panel☑Wood □Other	ATTIC AREA: □Finished ☑Unfinished								
FLOOR FINISH :	G Carpet□Hardwood G Tile G Vinyl□Other	onry								
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	☐Metal Shingles ☐Other								
EXTERIOR FINISH :	☑Brick☑Hardboard☐Masonte☐Stuc Other	co ⊠ Vinyl□Wood □	ROOF PITCH	10/12						
HEATING SYSTEM:	☑Central Air☑Central Heat☑Heat Pur	np□0ther								
SANITATION:	O Public Sewer ⊘ Septic Tank	WATER:	O Private ⊘ Pub	olic						

PLUMBING: (please give numb	er to ea	ch)									
TUBS 1		SHOWERS	1	TUB/SHOWER	1 LA	VATORIES	3				
TOILETS 2		KITCHEN SINKS	1	WATER HEATER	1 DISI	HWASHER	1				
FLOOR DRAINS 0	WA	WASHING MACHINE		OTHER							
SWIMMING POOL (IF APPLICABLE) OFiber glassOGuniteOVinyl		□Odd Shape		Is this Permit	for a Swimming Poo	ol ? OYes ⊘ No	0				
				LENGTH:	w	WIDTH:					
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing		⊚ YesONo		Select all that apply		□Gas					
ENERGY CODE COMPLIANCE M	IETHOD:	□Performance F	Prescriptive	e□Trade Offs							
SITING REQUIREMENTS FOR A	PPROVA	L OF THIS PERMIT	ARE AS F	OLLOWS:							
MINIMUM	FRONT	YARD:	100	M		12					
MINIMU	M REAR	YARD:	25		BUFFER:						
SCREENII	NG REQU	JIRED:									

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.

Parcel Number(s): **Address:**

183 Courtland RD, Brooks Georgia 30205-27ND

282A01010

APPLICATION FOR ZONING CERTIFICATE AND BUILDING

	PERMIT SPALDING COUNTY, GEORGIA												
ZONING CERTIFICATE:			F	PERMIT NO:			F	EE\$			REC.		
	I HEREBY MAKE APPLICATION FOR A ZONING CERTIFICATE AND BUILDING PERMIT PROVIDING ALL INFORMATION AND ATTACHMENTS AS MAY BE REQUIRED BY THE ADMINISTRATIVE OFFICIALS TO:												
⊘ ErectOMake	Additio	on O Re	model	ORepair OOt	her								
OAccessoryOC	omme	ercialO	Industr	ializedOMan	ufacture	OMul	ti Family ⊘ S	ingle Fam	ily O0ther				
Land Use: Residentia OInside City of Griffin ⊘Outside City of Griffin													
OApartment			0	OResidential Condominium OSingle Family Detached Housing No of Di						No of Dwellir	ngs:		
	Provide a brief description of the project Single Family Residence												
APPLICANT FI	RST ME:	Scott		APPLICAN	NT LAST NAME:	Gree	ne	MAILING ADDRESS:			PO box 926		
CONTACT INSPECTION		scotto	ງ1368@	yahoo.com, c	donnietqh	@gmai	il.com				For multiple er separated ema		
TELEPHO	NE:	(678) 1513	758-		CITY:	Gree	nville	STATE:	Georgia		ZIP:	30222	
OWNER FI	RST ME:	David	OWNER LAST NAME: Chapman BUILDING ADDRESS: 183 Courtland							and Rd			
(BUI	(BUILDING ADDRESS MUST BE POSTED ON PROPERTY BEFORE A FINAL INSPECTION WILL BE COMPLETED)												
TAX MAP		282A	BLOC		01 PAF	RCEL:	010	LOT:			ZONIN		AR-1

DEPTH

Fairviou

LOT DESCRIPTION:	ACRES:	3.07	FEET:	201	OF SIDE:	675	SUBDIVISION:	Estates
Project Name: 183 Courtland	Rd							
IS PROPERTY LOCATED IN A	FLOOD ZON	E: ⊘ No O Ye	es					
ESTIMATED CONSTRUCTION lot):	I COST TO CO	OMPLETE (e	xcluding	\$ 210000)			
LICENSE TYPE : ⊘ Contractor	OLimited Spe	ecialty / Tra	ditional Spec	cialty / Installe	er O Owner	Builder		

BUILDING INFORMATION (Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.) SQ. FOOTAGE LENGTH 53 NO. BATHS 2 1926 **HEATED** SQ FOOTAGE WIDTH 53 400 NO. BEDROOMS GARAGE SQ FOOTAGE **STORIES** 1 **TOTAL ROOMS** 8 CARPORT SQ. FOOTAGE 1st FLOOR SQ. SQ. FOOTAGE COVERED 1926 120 108 FT. PATIO(S) PORCHES ONo**⊘** SQ. FOOTAGE FIREPLACE: TOTAL SQ. FOOTAGE 2434 **BASEMENT** Yes

FOUNDATION:	☐Basement☐Block☐Crawl Space☐Piers/	/Skirting□Poured Walls ⊍ Slab		
INTERIOR WALLS:	☑Drywall□Panel☑Wood □Other	ATTIC AREA :	□Finished ' Ur	nfinished
FLOOR FINISH:	☑Carpet□Hardwood☑Tile☑Vinyl □Other	FIREPLACE:	⊘ Insert O Masc	onry
ROOF TYPE :	⊘ Gable O Gambrel O Hip O Other	ROOFING:	□Metal 愛 Shing	gles 🗆 Other
EXTERIOR FINISH :	☑Brick□Hardboard☑Masonte□Stucco	co□Vinyl ଔ Wood □	ROOF PITCH	10/12
HEATING SYSTEM:		np□Other		

SANITATION	1: OPu	ıblic Sewer ⊘ S	eptic Tank		WATER:	O Private ⊘ Pub	lic	
PLUMBING: (please given	e number	to each)						
TUBS	1	SI	HOWERS	1	TUB/SHOWER	1 LAV	/ATORIES	3
TOILETS	2	KITCHE	N SINKS	1	WATER HEATER	1 DISH	HWASHER	1
FLOOR DRAINS	0	WASHING N	MACHINE	1	OTHER			
SWIMMING POOL (IF APPLICABLE)		□Od	d Shape		Is this Permit for	r a Swimming Poo	i l ? O Yes ⊘ No	
OFiber glassOGunite(OVinyl				LENGTH:	WI	DTH:	
Are you combinin Permit Ap Mechanical, Electrica	pplication v	with ⊘ Yes(ONo		Select all that apply:	rical ଔ Plumbing	□Gas	
ENERGY CODE COMPLI	ANCE ME	ΓHOD: □Perfo	rmance ⊡ Pre	escriptive	□Trade Offs			
SITING REQUIREMENTS	S FOR API	PROVAL OF TH	IIS PERMIT A	ARE AS FO	DLLOWS:			
MII	NIMUM FF	RONT YARD:		100	MINI	MUM SIDEYARD:		12
N	MINIMUM	REARYARD:		25		BUFFER:		
S	CREENING	REQUIRED:						

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.

BLDG-03-20-000088

Address: Parcel Number(s): **Location Details:**

100 Courtland RD, Brooks Georgia Spalding 30205-27ND

282A01014

Fairview Estates Lot 14

APPL	ICATIO	N FOR ZO SPALDI	P	PER	MIT			ID BUII	LDING
ZONING CERTIFICATE:		PERMIT NO:			FE	EE\$		REC.	
		EAPPLICATION FO							
⊘ ErectOMake A	AdditionORemo	delORepair O0tl	ner						
OAccessoryOC	ommercialOInd	ustrializedOMan	ufactured ⁽	OMult	i Family ⊘ Si	ngle Fam	ily O0ther		
Land Use : Resid	dentia	OInside City	of Griffin (⊘ Outs	ide City of G	riffin			
OApartment		OResidential C	ondominiu	ım	⊘ Single Fa	amily Deta	nched	No of Dwell	ings :
Provide a brief d	-	e project							
APPLICANT FI	RST ME: Scott	APPLICAN	NT LAST	Greer	ne	MAIL	ING ADDRESS	S: P0 box 9	26
CONTACT INSPECTION		868@yahoo.com, o	donnietqh(ລຼີgmai	l.com				emails, enter comma nail addresses
TELEPHO	NE: (678) 75	8-	CITY:	Green	nville	STATE:	Georgia	ZIP:	30222
OWNER FI	RST ME: David	OWNI	ER LAST NAME:	Chap	man	BUILD	ING ADDRESS	S: 100 Cour	tland Rd
(BUI	LDING ADDRESS	S MUST BE POST	ED ON PRO	PERT	Y BEFORE A	FINAL IN	SPECTION WI	LL BE COMPLI	ETED)

TAX MAP	282A	BLOCK:	01	PARCEL:	014	LOT:	ZONING	AR-1
REFERENCE:							DISTRICT:	

LOT DESCRIPTION:	ACRES:	3.04	FRONT FEET:	450	DEPTH OF SIDE:	447	SUBDIVISION:	Fairview Estates
Project Name: 100 Courtland	Rd							
IS PROPERTY LOCATED IN A	FLOOD ZO	NE: ⊘ No O Ye	s					
ESTIMATED CONSTRUCTION lot):	COST TO	COMPLETE (e	xcluding	\$ 192000)			
LICENSE TYPE : ⊘ Contractor	O Limited S	pecialty / Tra	ditional Spec	cialty / Installe	er O Owner	Builder		

		BUILDING IN	IFORMATION		
(Please fill i	n completely	and accurately with all	applicable inf	formation. Enter 0 if not app	licable.)
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:	ONo ⊘ Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	2434

FOUNDATION:	□Basement □Block □ Crawl Space □ Piers	/Skirting□Poured Walls ⊍ Slab)	
INTERIOR WALLS:	☑Drywall□Panel☑Wood □Other	ATTIC AREA :	□Finished ⊻ Ur	nfinished
FLOOR FINISH :	☑ Carpet□Hardwood ☑ Tile ☑ Vinyl □Other	FIREPLACE:	⊘ Insert O Masc	onry
ROOF TYPE :	⊘ Gable ○ Gambrel ○ Hip ○ Other	ROOFING:	□Metal S Shing	gles 🗆 Other
EXTERIOR FINISH :	☑Brick☑Hardboard☐Masonte☐Stuc Other	co□Vinyl❤Wood □	ROOF PITCH	10/12
LIFATING CVCTEM.	Control Air Control Hoot Nilsot Div	n n Ooth on		

TEATING STOLE	EIVI .	ential Allwoel	інаі пеантпеа	ι Ευπρω	JOulei			
SANITATIO	ON: OF	Public Sewer ⊘ S	Septic Tank		WATER:	O Private ⊘ Pub	llic	
PLUMBING: (please of	give numbe	er to each)						
TUBS	1	S	HOWERS	1	TUB/SHOWER	1 LA	/ATORIES	3
TOILETS	2	KITCHI	EN SINKS	1	WATER HEATER	1 DISH	HWASHER	1
FLOOR DRAINS	0	WASHING I	MACHINE	1	OTHER			
SWIMMING POOL (IF APPLICABLE)	:	00	dd Shape		Is this Permit for	a Swimming Poo	ol ? OYes ⊘ No	
OFiber glassOGunit	teOVinyl				LENGTH:	W	DTH:	
Are you combin Permit / Mechanical, Electri	Application ical, Plumb	with O Yes	ONo		Select all that apply:	ical '	□Gas	
ENERGY CODE COMP	LIANCE M	ETHOD: Perf	ormance ⊡ Pres	scriptive	Trade Offs			
SITING REQUIREMEN	ITS FOR A	PPROVAL OF T	HIS PERMIT AR	RE AS FOI	LLOWS:			
N	MINIMUM F	RONT YARD:		100	MININ	MUM SIDEYARD:		25
	MINIMUN	/I REARYARD:		25		BUFFER:		
	SCREENIN	G REQUIRED:						

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.

BLDG-03-20-000090

Parcel Number(s): **Location Details:** Address:

109 Robin RD, Brooks Georgia Spalding 30205

282A01015

Fairview Estates Lot 15

APPL	ICATI(F	PER	CERTI MIT JNTY,			ID BUII	LDING
ZONING CERTIFICATE:		PER	MIT NO:			F	EE\$		REC.	
									PROVIDING ALL E OFFICIALS TO	-
⊗Erect OMake <i>i</i>	AdditionORe	modelOR6	epair O0th	er						
OAccessoryOC	ommercialO	Industriali	zedOManu	factured	OMult	ti Family ⊘ S	ingle Famil	y O0ther		
Land Use: Resid	dentia	OI	nside City o	f Griffin	⊘ Outs	side City of (Griffin			
OApartment		ORe	sidential Co	ndomini	um	⊘ Single F Housing	amily Detac	ched	No of Dwell	ings :
Provide a brief d	-	the projec	t							
APPLICANT FI	RST ME: Scott		APPLICAN [*]	Γ LAST NAME:	Greei	ne	MAILII	NG ADDRES	S: PO box 9	26
CONTACT INSPECTION		g1368@yal	noo.com, do	onnietqh(@gmail	l.com				emails, enter comma ail addresses
TELEPHO	NE: (678)	758-		CITY:	Green	nville	STATE:	Georgia	ZIP:	30222
OWNER FI NA	RST ME:			R LAST NAME:	Chap	oman	BUILDII	NG ADDRES	S: 109 Robii	n Rd
(BUI	LDING ADDR	ESS MUST	BE POSTE	D ON PRO	OPERT	Y BEFORE A	FINAL INS	PECTION W	ILL BE COMPLI	ETED)

TAX MAP 282A BLOCK: 01 PARCEL: 015 LOT: ZONING DISTRICT:
--

LOT DESCRIPTION:	ACRES:	3.01	FEET:	249	OF SIDE:	652	SUBDIVISION:	Estates	
Project Name: 109 Robin Rd									
IS PROPERTY LOCATED IN A FLOOD ZONE: ❷NoOYes									
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 225000									
LICENSE TYPE : ❷ContractorOLimited Specialty / Traditional Specialty / InstallerOOwner Builder									

DEPTH

BUILDING INFORMATION (Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.) SQ. FOOTAGE NO. BATHS LENGTH 45 2655 2.5 **HEATED** SQ FOOTAGE WIDTH 42 441 NO. BEDROOMS GARAGE SQ FOOTAGE **STORIES TOTAL ROOMS** 2 CARPORT 1st FLOOR SQ. SQ. FOOTAGE SQ. FOOTAGE COVERED 1200 140 132 PATIO(S) FT. **PORCHES** ONo**⊘** SQ. FOOTAGE FIREPLACE: 0 TOTAL SQ. FOOTAGE 3228 Yes **BASEMENT**

FOUNDATION:	□Basement □Block □Crawl Space □Piers/Skirting □Poured Walls ☑ Slab							
INTERIOR WALLS:	✓Drywall□PanelਓWood □Other ATTIC AREA: □FinishedਓUnfinished							
FLOOR FINISH:	G Carpet□Hardwood T Tile V Vinyl□Other	FIREPLACE:	⊘ Insert O Masonry					
ROOF TYPE :	OGable OGambrel ❷ Hip OOther	⊀ Metal ⊀ Shing	gles □Other					
EXTERIOR FINISH :	☑Brick☑Hardboard□Masonte□Stuc Other	ROOF PITCH	11/12					
LIEATING CVCTEM.	Montrel Air Control Heat Milest Div	na na Chaoth a na						

TEATING STSTE	IVI.	Social Alisocilial nealsneat Fulliphothel								
SANITATIO	N: OF	ublic Se	wer ⊘ Septic Tanl	<	WATER:					
PLUMBING: (please g	jive numbe	er to eac	h)							
TUBS	1		SHOWERS		1	TUB/SHOWER	1	LAVA	TORIES	5
TOILETS	3		KITCHEN SINKS		1	WATER HEATER	1	DISHW	ASHER	1
FLOOR DRAINS	0	WAS	SHING MACHINE		1	OTHER				
SWIMMING POOL (IF APPLICABLE) Odd Shape				Is this Permit for	a Swimı	ming Pool ?	OYes ⊘ No			
OFiber glassOGunite	OFiber glassOGuniteOVinyl					LENGTH:		WIDT	н:	
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?			⊘ YesONo		Select all that apply:					
ENERGY CODE COMPL	LIANCE ME	THOD:	□Performance□	Prescripti	ve	☐Trade Offs				
SITING REQUIREMENT	TS FOR AF	PROVA	L OF THIS PERM	T ARE AS	FO	LLOWS:				
М	IINIMUM F	RONT Y	ARD:	100)	MINII	MUM SIDEYARD:			25
MINIMUM REARYARD:			25			В	UFFER:			
SCREENING REQUIRED:										

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.

Parcel Number(s): **Location Details:** Address:

1284 N Walkers Mill RD, Griffin Georgia Spalding 30223

213A01030

Oxford Forest Subdivision

ADDI ICATION EOD ZONINC CEDTIEICATE AND DI III DINC

AIIL	CATION	SPALDI		PER	RMIT			ND BU	ILDING
ZONING CERTIFICATE:		PERMIT NO:	PERMIT NO: FEE \$				RI	EC.	
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:									
OErectOMake AdditionORemodelORepair									
OAccessoryOCo	OAccessoryOCommercialOIndustrializedOManufacturedOMulti FamilyOSingle Family ❷Other Camper								
Land Use: Reside	entia	OInside City	of Griffi	n ⊘ Outs	side City of G	riffin			
OApartment	OApartment OResidential Condominium Single Family Detached Housing				No of Dw	No of Dwellings :			
Provide a brief de Temporary camp	-		ouilt.						
APPLICANT FIRS	Stacy	APPI LAST I	LICANT NAME:	Toum	bleston	MAILI	NG ADDRES		N Walkers Mill
CONTACT FO INSPECTION EMA	NS stacy.toun	nbleston@trane.o	com						iple emails, enter comma d email addresses
TELEPHON	(404) 851- 7083		CITY:	CITY: Griffin STATE: Georgia			ZII	P: 30223	
OWNER FIRST NAME: OWNER LAST NAME: Toumbleston BUILDING ADDRESS: Rd									
(BUIL	DING ADDRESS	MUST BE POST	ED ON PI	ROPERT	Y BEFORE A	FINAL INSE	PECTION W	ILL BE COM	PLETED)

TAX MAP REFERENCE:	213A	BLOCK:	01	PARCEL:	030	LOT:	ZONING DISTRICT:	AR1

LOT DESCRIPTION	N: ACRES:	6.37	FRONT FEET:	300	DEPTH OF SIDE:	1241	SUBDIVISION:	Oxford Forest	
Project Name: 1284 N Wa	kers Mill Rd								
IS PROPERTY LOCATED I	N A FLOOD ZO	NE: ⊘ No O Y€	es						
ESTIMATED CONSTRUCTION COST TO COMPLETE (excluding lot): \$ 1000.00									
LICENSE TYPE : OContrac	tor O Limited S	pecialty / Tra	ditional Spec	ialty / Installe	er ⊘ 0wner	Builder			
			BUILDING IN	IFORMATION	I				
(Please fill in completely and accurately with all applicable information. Enter 0 if not applicable.)									
LENG	ГН 0	sq). FOOTAGE HEATED	0		NO. BATH	dS 0		

(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:	⊘ No O Yes	SQ. FOOTAGE BASEMENT	0	TOTAL SQ. FOOTAGE	0				

FOUNDATION:	☐Basement☐Block☐Crawl Space☐Piers/Skirting☐Poured Walls☐Slab								
INTERIOR WALLS :	□Drywall□Panel□Wood □Other	□Panel□Wood □Other ATTIC AREA: □Finished□Unfinished							
FLOOR FINISH:	□Carpet□Hardwood□Tile□Vinyl □Other □Other □OlnsertOMasonry								
ROOF TYPE:	OGable OGambrel OHip O Other	☐Metal ☐Shingles ☐Other							
EXTERIOR FINISH :	□Brick□Hardboard□Masonte□Stuc Other	ROOF PITCH							
HEATING SYSTEM:	□Central Air□Central Heat□Heat Pur	□Central Air□Central Heat□Heat Pump□Other							

SANITATION	I: OP	ublic Sewer O S	eptic Tank		WATER:	O Private O Pub	lic		
PLUMBING: (please give number to each)									
TUBS	0	S	HOWERS	0	TUB/SHOWER	0 LAV	'ATORIES	0	
TOILETS	0	KITCHE	EN SINKS	0	WATER HEATER	0 DISH	IWASHER	0	
FLOOR DRAINS	0	WASHING N	MACHINE	0	OTHER	0			
SWIMMING POOL (IF APPLICABLE) Odd Sha			ld Shape		Is this Permit for	a Swimming Poo	I ? OYes ⊘ No		
OFiber glassOGunite(OFiber glassOGuniteOVinyl				LENGTH:	WI	DTH:		
Are you combining this Building Permit Application with Mechanical, Electrical, Plumbing or Gas?		with OYes	⊘ No						
ENERGY CODE COMPLI	ANCE ME	THOD: Perfo	ormance⊡Pres	scriptive	☐Trade Offs				
SITING REQUIREMENTS	S FOR AP	PROVAL OF TH	HIS PERMIT AF	RE AS FO	LLOWS:				
MII	NIMUM F	RONT YARD:		100	MINII	MUM SIDEYARD:		12	
MINIMUM REARYARD:			25		BUFFER:				
SCREENING REQUIRED:									

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	Stacy Toumbleston	DATE:	03/31/2020

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.