

THIS APPLICATION SHALL BE MADE IN ACCORDANCE WITH APPLICABLE REQUIREMENTS OF LOGANVILLE CODE FOR A PERMIT TO ERECT, ALTER, REPAIR, OR USE A STRUCTURE AS DESCRIBED HEREIN AND AS REQUIRED BY THE DEVELOPMENT PERMIT.

JOB LOCATION:				CITY: LOGANVILLE	STATE: GEORGIA	ZIP CODE: 30052	
PROJECT/SUBDIVISION:				UNIT:	LOT:	COUNTY:	
PURPOSE OF PERMIT: <input type="checkbox"/> New Single Family Dwelling <input type="checkbox"/> Alter <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Fire Damage <input type="checkbox"/> Demolition <input type="checkbox"/> Blasting <input type="checkbox"/> New Commercial Structure <input type="checkbox"/> Other _____							
Lot Size (Sq.Ft.)	Finished Floor Area::		Basement:	Garage:	Unfinished Bonus Room:		Total Area:
# Stories:	# Rooms:	# Baths:	# Kitchens:	Framing Materials:		Siding Materials:	Roofing Materials:
Owner:				Prime Contractor:			
Address:				Address:			
City:		State:		Zip Code:		City:	
State:		Zip Code:		City:		State:	
Zip Code:		Phone Number:		Fax Number:		Phone Number:	
Phone Number:		Fax Number:		Phone Number:		Fax Number:	
MAP & PARCEL:	ZONING:	PROPERTY SETBACKS	LEFT:	RIGHT:	FRONT:	REAR:	
INDICATE BELOW ALL ADDITIONAL WORK (INCLUDE WORK TO BE DONE BY OTHER SUB-CONTRACTORS) THAT WILL BE DONE IN RELATION TO THIS PERMIT TO COMPLETELY FINISH THIS JOB:							
<u>ELECTRICAL</u>		<u>HEATING</u>		<u>AIR CONDITIONING</u>		<u>PLUMBING</u>	
<input type="checkbox"/> Gen. Pur. Outlets <input type="checkbox"/> Power Connection <input type="checkbox"/> Lighting <input type="checkbox"/> Other _____		<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Steam/Hot Water		<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Chilled Water		<input type="checkbox"/> Kit. Sink(s) # _____ <input type="checkbox"/> Bathtubs _____ <input type="checkbox"/> Lavatories _____ <input type="checkbox"/> Commodes _____ <input type="checkbox"/> Dist. From Fire Hydrant	

APPLICANT'S ESTIMATED COST OF CONSTRUCTION: \$

The applicant shall be responsible from the date of the permit or from the time of the beginning of the first work, whichever shall be the earlier, for all injury or damage of any kind resulting from this work, whether for basic services or additional services to persons or property. The applicant shall exonerate, indemnify and save harmless the City from and against all claims or actions and all expenses incidental to the defense of any such claims, litigation and actions based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with the performance of this permit or by conditions created thereby or arising out of or in any way connected with work performed under the permit or for any and all class actions for damages under the laws of the United States or of Georgia arising out of or in any way connected with the acquisition of construction under the permit and shall assume any pay for, without cost to the City. The defense of any and all claims, litigations, and actions, suffered through any act or commission of the applicant or any subcontractor, or any one directly or indirectly employed under the supervision of any of them. I hereby certify that I have examined and understand all information on this application and that the above statements and information supplied by me are true and correct. All provisions of laws and ordinances work to be performed shall be completed with whether herein or not.

APPLICANT'S SIGNATURE _____

- Plan Review \$ _____
- Building Permit \$ _____
- State Sub Fees \$ _____
- Backflow \$ _____
- Water Tap \$ _____
- Sewer Tap \$ _____
- Capital Recovery \$ _____
- Admin. Cost Factor \$ _____
- Plan/Eng. Surcharge \$ _____
- Fire Fees \$ _____
- Sprinkler Meter \$ _____
- Total Paid \$ _____

<input type="checkbox"/> House Plans	<input type="checkbox"/> Electrical
<input type="checkbox"/> House Location Plan	<input type="checkbox"/> Mechanical
<input type="checkbox"/> RDP (If Necessary)	<input type="checkbox"/> Plumbing
<input type="checkbox"/> GA Energy State Code	<input type="checkbox"/> ARM Form
<input type="checkbox"/> Erosion Control Affidavit	<input type="checkbox"/> Preconstruction
<input type="checkbox"/> NOI	

Check # _____

Receipt # _____

Payment Received By: _____

Approved by: Building Official _____