



State Licensing Board for
Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: _____ **Individual** _____ **Qualifying Agent**

Name of licensed person _____

*Please attach a copy of Individual license or Company License (Reflects company and qualifying agent license number)

License number of individual or qualifying agent: _____

Name of licensed company(if applicable) _____

License number of company(if applicable): _____

I, _____, hereby designate
Licensed Individual or Qualifying Agent

_____ to apply for and obtain the permit(s) for the

*Please attach a copy of the authorized permit agent's driver's license.

project at:

Street address

Apartment or Suite Number

City

Zip Code

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20__

Signature of Notary Public _____

(Seal)

Request for Occupation Tax Information

The following list must be filled out and turned into this office with the building permit application

Owner _____ Date _____

General Contractor _____ State License Number

Job Location _____

	<u>Business Name</u>	<u>Occupation Tax Number</u> (Business License Number)	<u>State License Number</u>
Footing Contractor	_____	_____	_____
Slab Constructor	_____	_____	_____
Framing Contractor	_____	_____	_____
Electrical Contractor	_____	_____	
Heating & Air Contractor	_____	_____	
Plumbing Contractor	_____	_____	
Roofing Contractor	_____	_____	_____
Insulation Contractor	_____	_____	_____
Drywall Contractor	_____	_____	_____
Painting Contractor	_____	_____	_____
Carpet Contractor	_____	_____	_____
Brick Mason	_____	_____	_____
Siding Contractor	_____	_____	_____
Cornice & Eaves	_____	_____	_____
Well Driller	_____	_____	_____
Landscaper	_____	_____	_____
Land Clearing	_____	_____	_____
Septic Tank	_____	_____	_____
Termite Contractor	_____	_____	_____

This is to certify that the above listed sub-contractors have current Effingham Occupation Tax, if sub-contractor is not from Effingham County a copy of their current Occupation Tax is required.

Sign _____ General Contractor/Home Owner

**EFFINGHAM COUNTY B.O.C APPLICATION FOR
WATER AND SEWER SERVICES OR SEPTIC HAULERS**

DATE _____

NAME or BUSINESS _____

PHYSICAL/SERVICE ADDRESS _____

MAILING ADDRESS _____

TELEPHONE # _____ **Fed ID #/** _____
SS # _____

DATE SERVICE NEEDED _____

ADDITIONAL Contact Information _____ **Employer Information:** _____
Cell Phone #: _____ **Employer Phone #** _____

Nearest Family Member & Contact Number: _____

For Residential Service
 Purchase/Owner Renting/Leasing

Is Water Currently On at the location: _____

Subdivision _____ **Closing date** _____

Name of builder or previous owner _____

SERVICE REQUESTED
I REQUEST WATER & SEWER SERVICE
I REQUEST WATER SERVICE ONLY
I REQUEST SEWER SERVICE ONLY
I REQUEST SEPTIC WASTE SERVICE
I REQUEST RE-USE SERVICE
I REQUEST OTHER _____

Customer is on Septic System

Authorized Septic Haulers ONLY
If Available

SIGNATURE OF APPLICANT _____

Individual applicants for reclaimed water service shall apply to the permittee by completing and signing an application. All applications for reclaimed water service shall describe the non-potable water uses requested by the applicant. Use of master meters to tie-on multiple customers is not recommended but may occur when allowed by the permittee in the written agreement.

If reuse service is requested, please describe the intended uses (e.g. irrigation):

OFFICE USE ONLY			
Account # _____	Acct# _____		
Service Being Provided: Water / Sewer / Both Waste Septic	Location # _____		
Date Paid _____	Check # _____	Cash / Check	
Other Information			
_____ Total Deposit - \$125.00 - Purchasing		\$100 of deposit refundable after 2 years of satisfactory payment history	
_____ Total Deposit - \$150.00 - Renting/ Leasing		\$125 of deposit refundable after 2 years of satisfactory payment history	
_____ Total Deposit - \$150.00 - Septic Hauler		\$125 of deposit refundable after 2 years of satisfactory payment history	
		<small>Amount of non-refundable charges \$25.00</small>	
Customer STEPS			
Steps for process :			
1. Request customer to fill out form			
2. Provide copy of proof of residence (settlement statement or other documentation)			
3. Receive deposit as noted for customer type			
4. Customer acknowledgement of water treatment (signed)			
5. Provide customer copy of rate sheet for water and sewer			
6. Provide customer with receipt (always for cash)			
		In House STEPS:	
		Deposit customer deposit	
		Submit work order for final reading	
		Bill the final bill for the previous customer	
		Create a new account for the new customer	
		Post the deposit to new customer account	
		Pay out any deposit or funds due to prior customer	
		Other _____	

**EFFINGHAM COUNTY BOARD OF COMMISSIONERS
WATER & SEWER SERVICES / PRICES
Effective April 1, 2007**

WATER

RESIDENTIAL			
Rate		Bill Range	
<i>Gallons</i>	<i>Rate per 1,000 Gallons</i>		
Flat Rate of \$10.00 for first 2,000 gallons			
Base Rate	0 - 2,000	\$10.08	\$10.08 -
Then	2,001 - 5,000	\$2.38	\$17.14 -
Then	5,001 - 10,000	\$2.63	\$30.29 -
Then	10,001 -	\$2.88	\$30.29 -

COMMERCIAL			
Rate		Bill Range	
<i>Gallons</i>	<i>Rate per 1,000 Gallons</i>		
Flat Rate of \$25.00 for first 2,000 gallons			
Base Rate	0 - 2,000	\$25.08	\$25.00 -
Then	2,001 - 5,000	\$2.63	\$32.97 -
Then	5,001 - 10,000	\$2.88	\$47.37 -
Then	10,001 -	\$3.13	47.37 -

WHOLESALE RATE TO BULK CUSTOMER (MUNICIPAL/PRIVATE)		
Rate		
<i>Gallons</i>	<i>Rate per 1,000 Gallons</i>	
Base Rate	1,000 -	\$1.65

SEWER

RESIDENTIAL			
Rate		Bill Range	
<i>Gallons</i>	<i>Rate per 1,000 Gallons</i>		
Flat Rate of \$15.00 for first 2,000 gallons			
Base Rate	0 - 2,000	\$15.00	\$15.00 -
Then	2,001 - 5,000	\$2.88	\$23.64 -
Then	5,001 - 10,000	\$3.19	\$39.59 -
Then	10,001 -	\$3.50	\$39.59 -

COMMERCIAL			
Rate		Bill Range	
<i>Gallons</i>	<i>Rate per 1,000 Gallons</i>		
Flat Rate of \$30.00 for first 2,000 gallons			
Base Rate	0 - 2,000	\$30.00	\$30.00 -
Then	2,001 - 5,000	\$3.19	\$39.57 -
Then	5,001 - 10,000	\$3.60	\$57.57 -
Then	10,001 -	\$3.81	\$57.57 -

WHOLESALE RATE TO BULK CUSTOMER (MUNICIPAL/PRIVATE)		
Rate		
<i>Gallons</i>	<i>Rate per 1,000 Gallons</i>	
Base Rate	1,000 -	\$2.07

Park West/Caribbean Village Sewer Rate is 110% of the water cost.

DEPOSIT

Owner	\$125.00	Owner will be refunded the deposit, less the \$25.00 administrative fee, after two years, with a satisfactory payment history.
Renter	\$150.00	Renter will be refunded the deposit, less the \$25.00 administrative fee, after two years, with a satisfactory payment history.

PROCEDURES

Change of Owner/Renter

It is the current Builder's/Owner's responsibility to notify the County of the closing/lease date. If the County is not notified, the current Builder/Owner will be responsible for the bill until the County is notified. 48 hours notice (2 business days) is required by the County in order to schedule meter readings for change of owner (new renter). With proper notification meters will be read within 72 hours (3 business days) of the closing or change of renter. Please notify Rhonda Sexton at (912)754-8012.

For after hours service (water line breaks, no service, etc.), please call (912) 754-2332.

Billing

Meters are read on or around the 22nd of the month. Payment in full is due by the 15th of each month.

For billing questions please contact Rhonda Sexton at (912)754-8012. Fax # (912) 754-6097



Effingham County

Development Services

Building Inspections Division
 904 North Pine Street, Springfield, GA 31329 (office)
 601 North Laurel Street, Springfield, GA 31329 (mailing)
 912-754-2128 (office) 912-754-2151 (fax)
buildinginspections@effinghamcounty.org

Multi- Family Residential Permit Application

Shaded Area For Internal Office Use Only								
Date Received: _____		Date Issued: _____		Building Permit Number: _____			Permit Fee: _____	
Plan Review Fee:	Temporary Power Fee:	Driveway / Culvert Fee:	County Sewer Fee:	Re-Use Meter Fee:	County Water Fee:	Re-Use Fee:	Water Meter Fee:	Water Deposit Fee:
Plan Approval:		Zoning Approval:		Engineering / Flood Plain Manager:		Public Works:		Environmental Health
City of Guyton:			City of Rincon:			City of Springfield:		

The issuance of this permit authorizes improvements of the real property designated herein which improvements may subject such property to mechanic's and material men's liens pursuant to **Part 3 of Article 8 of Chapter 14 of Title 44 of the Official Code of Georgia Annotated**. In order to protect any interests in such and to avoid encumbrances thereon, the owner or any person with an interest in such property should consider contacting an attorney or purchase a consumer's guide to the lien laws which may be available at building supply home centers. (HB1337)

Map/Parcel Number: _____ Old Map/Parcel Number: _____ Zoning: _____ Setbacks: F _____ R _____ SI _____ SS _____

Flood Zone _____ Wetlands Present: Yes _____ No _____ Power Company: _____

Project Address: _____ Plan Name: _____

Lot/Unit#: _____ Subdivision: _____ Lot Size: _____

Floors: _____ # Bedrooms: _____ # Baths: _____

Building Area (Sq. Ft.): _____ Heated Area (Sq. Ft.): _____ Unheated Area (Sq. Ft.): _____

Type Roofing: _____ Foundation: _____ Exterior Wall Covering: _____

Class of Work

New Construction Existing Structure

Erect Addition Alteration Repair Remodel Other: _____

Structure Type

Apartment Building #Units: _____ Condominium Complex # Units: _____ Duplex # Units: _____ Townhome # Units: _____

OWNER / CONTRACTOR INFORMATION

Owner: _____	Contractor: _____
Mailing Address: _____	Mailing Address: _____
Home Phone: _____	Contact Phone: _____
Work Phone: _____	State/Local License #: _____
Email Address: _____	Email Address: _____

