



Effingham County

Development Services

Building Inspections Division

601 North Laurel South / Springfield, GA 31329

912-754-2128 (office) 912-754-2151 (fax)

buildinginspections@effinghamcounty.org

BUILDING PERMIT APPLICATION

Building Permit Number: _____

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 consumers guide to the lien laws which may be available at building supply home centers. (HB1337)

Plan Approval:		Zoning Approval:		Environmental Health		Tax Assessor:		Tax Commissioner:	
Public Works:		Engineering / Flood Plain Manager:		City of Guyton:		City of Rincon:		City of Springfield:	
Permit 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:	

Date Received: _____ Date Issued: _____ Zoning: _____ Setbacks: F _____ R _____ SI _____ SS _____

Project Address: _____ Plan Name: _____

Lot/Unit#: _____ Map/Parcel Number: _____ Old Map/Parcel Number: _____

Subdivision: _____ # Parking Spaces: _____ Lot Area (Sq. Ft.): _____

Dwellings: _____ # Stories: _____ # Occupiable Rooms: _____ # Bedrooms: _____ # Baths: _____

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

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

Was an Engineer/Architect responsible for the design or written specifications for this project? Yes No

Power Company: _____

Size of Mobile Home _____ Make _____ Year _____ Serial # _____

CONTRACTOR / OWNER INFORMATION

Owner: _____ Contractor: _____

Mailing Address: _____ Mailing Address: _____

Home Phone: _____ Contact Phone: _____

Work Phone: _____ State/Local License #: _____

Email Address: _____ Email Address: _____

Sub-Contractor	Name	License Number	Sub-Contractor	Name	License Number
Engineer/Architect			Plumber		
Electrician			Mechanical		

Class of Work

Erect
 Addition
 Install
 Alteration
 Repair
 Move
 Demolish
 Mobile Home

Structure Type

Single Family Residence
 Apartment Building #Units: _____
 Condominium Complex # Units: _____
 Industrial

Industrialized Building
 Commercial Building
 Residential / Commercial Garage
 Warehouse
 Other: _____

Work Description <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Project Valuation	<input type="checkbox"/> County Water/Sewer <input type="checkbox"/> County Water/Septic <input type="checkbox"/> Well/Septic <input type="checkbox"/> Private Water/Sewer System <input type="checkbox"/> City Water/Sewer
	Estimated Value	
	\$ _____ .00	

PLEASE ATTACH THE FOLLOWING DOCUMENTS AND/OR PLANS FOR RESIDENTIAL

**** (COMMERCIAL CONSTRUCTION PROJECTS MAY REQUIRE MORE INFORMATION AT THE DISCRETION OF THE BUILDING OFFICIAL)**

- Site Plan, Plot Plan or Survey.....Show location of property lines, main building, accessory structures, easement widths, setback distances
- Floor Plan.....Specify room names and dimensions, window/door type, door/window headers sizes and spans, braced wall panels
- Footer/Foundation Plan with Footer Details.....Indicate location thicken slab or footers for interior load-bearing walls. Footer/slab section detail
- Wall Framing Section thru Exterior Walls or Roof Support.....Show detail of wall components, size, height and spacing of studs, anchor type and spacing
- Wall Framing Section thru Interior Bearings and Non-Bearing Walls.....Show detail of wall components, size, height and spacing of studs, anchor type and spacing
- Floor Framing Plan.....Indicate size, grade, span and spacing of floor joists, girders, beams and headers
- Roof Plan.....Shown ridge lines, valleys, roof drain locations, drainage flow lines and all roof penetrations
- Roof Framing Plan.....Indicate size, grade, spacing of roof framing members and supporting members
- Front, Rear, Right, Left Elevations.....Show maximum eave heights, ridge or parapet roof height measurements and each floor level above grade

NOTE 1. All Drawings must be drawn to scale. Only one set will be required for the preliminary or initial review.

2. The professional seal of an architect or engineer may be required depending on the occupancy group, building size or height of the building.

Special Conditions: _____

NOTICE: (1) Construction in some areas may impact wetlands and require a 404 Permit from the Corps of Engineers. Permit holder agrees to hold Effingham County harmless on any construction in wetlands. (2) **This permit becomes null and void if work or construction authorized is not commenced within six months, or if construction or work is suspended or abandoned for a period of six months at any time after work is commenced.** (3) **CERTIFICATE OF OCCUPANCY; Required: A new building shall not be occupied or a change made in the occupancy, nature, or use of a building or part of a building until after the Building Official has issued a Certificate of Occupancy. Such Certificate shall not be issued until all required electrical, gas, mechanical, plumbing and fire protection systems have been inspected for compliance with the technical codes adopted in section 14-36 and other applicable laws and ordinances and released by the Building Official.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel to provisions of any other state or local law regulating construction or the performance of construction.

_____	_____
Signature of Owner, Contractor or Authorized Agent	Print Name
_____	_____
State Contractor License Number	Date



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