



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

Tower / Antenna Permit Application

Shaded Area For Internal Office Use Only

| | | | | |
|------------------------|------------------------|--|------------------------|-------------------|
| Date Received: _____ | Date Issued: _____ | Building Permit Number: _____ | Plan Review Fee: _____ | Permit Fee: _____ |
| Plan Review Fee: _____ | Zoning Approval: _____ | Engineering / Flood Plain Manager: _____ | | |
| | | | | |

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#: _____ Development: _____ Lot Size: _____ Height of Tower: _____

Valuation of Job: _____ Latitude: _____ Longitude: _____

- Class of Work**
- New
 Addition
 Alteration
 Replace
 Co-Location
 Other: _____

CONTRACTOR / OWNER INFORMATION

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

All provisions of building codes, zoning ordinances, or other ordinances of Effingham County and that any omission of or misrepresentation of fact with or without the intention of the permit holder shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The granting of a permit does not presume to give authority to violate or cancel any provisions of any other state or local law regulating construction or the performance of construction or any alteration from this application. The permit holder will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The permit holder will be held legally liable for any violations which may occur with or without their knowledge. The permit holder may request a Certificate of Occupancy when all required inspections have been approved. As the permit holder I understand and agree and certify that I have read and examined this application and know the same to be true and correct.

Signature of Owner, Contractor or Authorized Agent Print Name Date

- Tower Permit Application Completed
 Contractors State and Local License
 Construction and Foundation Plans
 Site Plan



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