

NO PERMIT
WILL BE
ISSUED IF THIS
FORM IS NOT
FILLED OUT
COMPLETELY.

CITY OF HARALSON
171 MAGNOLIA STREET
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COMMERCIAL BUILDING PERMIT APPLICATION

All Permits Expire One Year From Date Of Issue

NAME OF PROPERTY OWNER _____

ADDRESS _____

PHONE NUMBER _____

CONSTRUCTION ADDRESS _____

ESTIMATED VALUE OF BUILDING _____

SQUARE FEET OF CONSTRUCTION _____

TYPE OF CONSTRUCTION _____

Number of stories _____

Number of rooms _____

Number of bathrooms _____

CONTRACTOR _____

ADDRESS _____

PHONE _____

CHECK ALL THAT APPLY

DISHWASHER-Yes { } No { }

GAS LINE:- Yes { } No { }

TYPE OF HEAT - GAS { } ELECTRIC { } CENTRAL { } SPACE HEATERS { }

FIREPLACE { } WOOD HEATER { }

WATER HEATER - GAS { } ELECTRIC { }

DRYER - GAS { } ELECTRIC { }

ELECTRICAL SERVICE _____ AMPS POWER COMPANY: _____

SLAB _____ FOUNDATION _____

SEPTIC SYSTEM _____ SIZE _____ DRAIN LINE _____

LOCATION IN FEET OF BUILDING FROM ROAD _____

NOTE:

ORIGINAL AFFIDAVITS REQUIRED FOR ALL SUBCONTRACTORS AND MUST BE LICENSED AND MUST PERMIT EACH JOB PERSONALLY. WE REQUIRE PROOF OF STATE LICENSE.

ELECTRICAL _____ PLUMBING _____ MECHANICAL _____

Signature of Property Owner or Agent of Property Owner

Date

THIS PERMIT BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX (6) MONTHS, OR IF CONSTRUCTION OR WORK ON SITE IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS AT ANY TIME AFTER THE WORK HAS COMMENCED.

Permit Number _____ Payment _____ Date _____