

SITE INFORMATION:

Site Address:		
Parcel #:	Subdivision:	Lot # /Unit:
Is this lot located in a flood plain? Yes <input type="checkbox"/> No <input type="checkbox"/>		Lot Size (Acres):

PROPERTY OWNER INFORMATION:

Name / Business Name:	Phone:
Address:	City, State, Zip:

CONTRACTOR / BUILDER INFORMATION:

Business Name:	Business License #: <i>Attach a copy of the contractor's state license, business license, and photo ID.</i>	
Contact Person:	Phone Number:	Email:
Project Manager:	Phone:	

SUBCONTRACTOR(S) INFORMATION:

It is required to provide all Subcontractor Names and State Certifications/Business License Numbers of those that work on the site.		
Subcontractor Name	State of Georgia License #	Business License #
Electrical:		
Plumbing:		
Mechanical:		
Roofing:		
Grading:		

STRUCTURE INFORMATION:

Estimated Construction Cost: \$		Total SQ FT:		<small>*Includes 1st & 2nd floors, Garages, Bonus Rooms, Carports, Porches, and Basement (whether finished or unfinished).</small>	
# of Stories:	# of Bedrooms:	# of Baths:	# of Structures:		
Crawlspace: Yes <input type="checkbox"/> No <input type="checkbox"/>	Slab: Yes <input type="checkbox"/> No <input type="checkbox"/>		Bldg. Size: Length Width		
Basement: Yes <input type="checkbox"/> No <input type="checkbox"/> Finished: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bonus Room: Yes <input type="checkbox"/> No <input type="checkbox"/> Finished: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Garage: Yes <input type="checkbox"/> No <input type="checkbox"/> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Carport: Yes <input type="checkbox"/> No <input type="checkbox"/> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Porches Under Roof: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deck: Yes <input type="checkbox"/> No <input type="checkbox"/> Dimensions		X		
Utilities: Georgia Power <input type="checkbox"/> Tugaloo Gas <input type="checkbox"/> Other <input type="checkbox"/>					
Water Meter: <input type="checkbox"/> Septic Tank*: <input type="checkbox"/>	<i>* Note: A copy of the Letter from the Health Dept. must be attached.</i>				
For renovations only, please list scope of work below:					

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ZONING AND SETBACK INFORMATION:

	ZONE	SETBACKS			
		Front, Arterial, Collector	Front, Other Streets	Side	Rear
<input type="checkbox"/>	R-1	40'	25'	10'	20'
<input type="checkbox"/>	R-2	40'	20'	7'	15'
<input type="checkbox"/>	R-3	40'	15'	5'	10'
<input type="checkbox"/>	NS	60'	40'	10' *	20' *
<input type="checkbox"/>	HB	60'	40'	5' *	10' *
<input type="checkbox"/>	CBD	None*	None*	None*	None*
<input type="checkbox"/>	M-1	60'	40'	5' *	10' *
<input type="checkbox"/>	A-1	60'	25'	10'	20'
* See Code Sec. 46—30 for additional setbacks requirements.					

Please note the following:

- Georgia State Law Requires A 50-Foot Buffer from All Bodies of Water.
- Construction Must Begin within 90 Days of Permit Issue Date.
- Permit Expires 6 Months from Issue Date.
- Once all required information is submitted, please allow 5 working days for Approval and Permit Issue.
- Applications can be submitted to the City by the following:
 - In Person or By Mail: City Hall, Attn.: Zoning Administrator, 837 Hwy 76 W, Suite 101, Clayton, GA 30525
 - Email: permits@cityofclaytonga.gov

I hereby certify that I have read and completed this application and know the same to be true and correct. I understand that it is my responsibility to comply with all City, State, and Federal Regulations regarding building construction and setbacks, floodways, floodplain encroachments, utility supply, and any other ordinances that may affect this property. I also understand this document is for informational purposes and no work will begin until a permit has been issued.

SIGNATURE OF CONTRACTOR (*State License Holder*)

DATE

PRINT NAME OF CONTRACTOR

OFFICIAL USE ONLY	
Date Received:	PERMIT #:
Received By:	Approved By:
Fee: \$	Approval Date:
Comments:	