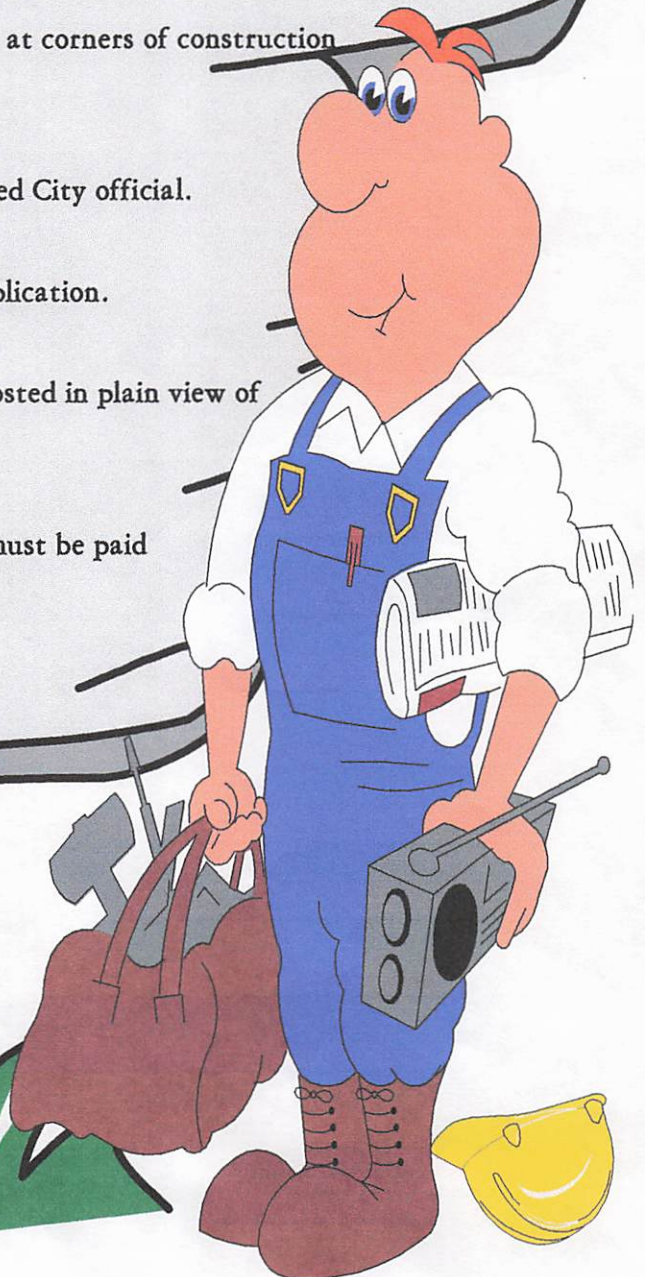


BUILDING PERMIT APPLICATION

1. Fill out application completely, supplying all necessary information.
2. Leave application at City Hall.
3. New construction must be staked and flagged at corners of construction prior to inspection.
4. A site inspection will be made by the designated City official.
5. A permit will be granted upon approval of application.
6. A permit fee will be paid and permit will be posted in plain view of public right-of-way.
7. Where applicable, water and sewer hook ups must be paid prior to construction.



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City of Georgetown Building Permit Application

*****PLEASE READ*****

Separate permits are required for electrical, plumbing, heating ventilating, or air conditioning. This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 120 days at any time after work is commenced.

Applicant to complete numbered spaces only

1. JOB ADDRESS: _____
2. OWNER: _____
ADDRESS _____ PHONE# _____
3. CONTRACTOR: _____ LICENSE# _____
ADDRESS _____ PHONE# _____
4. ENGINEER: _____ LICENSE# _____
ADDRESS _____ PHONE# _____
5. USE OF BUILDING: _____
6. CLASS OF WORK: NEW ___ ADDITION ___ ALTERATION ___ REPAIR ___ MOVE ___ REMOVE ___
7. DESCRIBE WORK: _____

8. CHANGE OF USE FROM: _____
9. VALUATION OF WORK: \$ _____

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 the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent
Date: _____

Signature of Owner

Application accepted by: _____ Date: _____

Date Approved: _____ Approved by: _____

SPECIAL CONDITIONS: _____

PERMIT FEE:\$ _____ USE ZONE _____ TYPE CONSTR. _____
SIZE BLDG. _____ SQ.FT(TOTAL) _____
#STORIES _____ #UNITS _____ SPRINKLERS: BLDG _____ GROUND _____
MAX.OCC.LOAD _____ PARKING CVRD _____ UNCVRD _____
ZONING: REQUIRED _____ RECEIVED _____ NOT REQUIRED _____
HEALTH DEPT: REQUIRED _____ RECEIVED _____ NOT REQUIRED _____
FIRE DEPT.: REQUIRED _____ RECEIVED _____ NOT REQUIRED _____
OTHER (SPECIFY): _____ REQUIRED _____ RECEIVED _____ NOT REQUIRED _____

