

Permit Number _____



Date Received: _____
Date Issued: _____

**CITY OF BRUNSWICK
BUILDING PERMIT APPLICATION**

DESCRIPTION OF WORK (mark all that apply) Residential Commercial Accessory
 New Demolition Addition Repair Remodel Alteration Other _____

DESCRIPTION OF CONSTRUCTION _____

PROPERTY INFORMATION (additional documents may be attached if needed)

Legal Description _____ Zoning District _____ Flood Zone _____
Street Address _____ Located in the Historic District (circle one) yes no
Owner's Name(s) _____ Primary Phone Number _____
Secondary Phone Number _____ Email (optional) _____
Owner's Present Address _____ City/State/Zip _____

BUILDING INFORMATION (new or affected area only)
Total Heated Square Feet _____ Total Garage and/or Accessory Building Square Feet _____
Total Porch/Deck Square Feet _____ Total Square Feet _____ Number of Structures _____
Electrical Service Size _____ Number of Outlets (up to 400 amps) _____
Number of Circuits (400 amps and over) _____ Mechanical Equipment Size (Commercial) _____
Number of HVAC Supply Outlets (Residential) _____ Number of Plumbing Fixtures _____
Type of Construction _____ Occupancy Type _____
Total Cost of Construction _____ (If applying for an alteration and/or remodel, a signed and approved estimate from the contractor and property owner must be submitted with the permit application)

City Use Only
_____ City Planner
_____ Water
_____ Sewer
_____ Fire Marshal
_____ Industrial Pretreatment
_____ Historic Preservation Board
_____ Public Works
_____ Engineering
_____ Building Inspector

IF THE PROPERTY OWNER IS ACTING AS THE GENERAL CONTRACTOR AND/OR A SUBCONTRACTOR HE OR SHE WILL NEED TO SUBMIT THE ATTACHED HOMEOWNER PERMIT AFFIDAVIT WITH THIS PERMIT APPLICATION

GENERAL CONTRACTOR INFORMATION

General Contractor _____ Primary Phone Number _____

Secondary Phone Number _____ Email (optional) _____

Address _____ City/State/Zip _____

Business License Number _____ Issuing Authority _____ Expires ___/___/___

Provide all applicable information:

Individual State License Number _____ Qualifying Agent State License Number _____

Name of Licensed Company _____ Company State License Number _____

ALL GENERAL CONTRACTORS MUST SUBMIT THE ATTACHED AUTHORIZED PERMIT AGENT FORM ALONG WITH THE PERMIT APPLICATION.

PERSON TO CONTACT WHEN PLANS ARE READY AND/OR IF THERE ARE ANY QUESTIONS

Name _____ Primary Phone Number _____

Secondary Phone Number _____ Email (optional) _____

As the contractor, owner or authorized agent, I hereby apply for a permit to erect and/or alter the structure described herein and/or on accompanying plans and specifications. If a site plan is required the structure will be located on site as shown on the plan. If a permit is granted, the structure will be constructed as shown and will comply with all state and local codes. I understand that the structure authorized by the permit shall not be occupied and/or used until all inspections have been made, all fees have been paid, and a certificate of occupancy has been issued (if applicable). I understand that I cannot begin work on the structure until a permit has been issued. I also understand that no inspections will be made until licensed subcontractor(s) have been verified and granted applicable permit(s) according to policies of the City of Brunswick Building Department. I hereby certify that I am the property owner or the authorized agent of the property owner and that all information contained hereon is true and accurate.

Signature _____ Print Name _____ Date ___/___/___

Office Comments

SUBCONTRACTOR INFORMATION

IF APPLICABLE, THE FOLLOWING SUBCONTRACTORS MUST OBTAIN A SEPARATE PERMIT BEFORE INSPECTIONS WILL BE CONDUCTED.

Electrical

Company Name _____ Address _____

Primary Phone Number _____ Secondary Phone Number _____

Business License Number _____ Issuing Authority _____ Expires ___/___/___

State License Number _____ Expires ___/___/___ Type of License _____

Signature _____ Print Name _____ Date ___/___/___

Approved By _____ Signature _____ Title _____
Date Issued ___/___/___ Permit Fee _____

Mechanical

Company Name _____ Address _____

Primary Phone Number _____ Secondary Phone Number _____

Business License Number _____ Issuing Authority _____ Expires ___/___/___

State License Number _____ Expires ___/___/___ Type of License _____

Signature _____ Print Name _____ Date ___/___/___

Approved By _____ Signature _____ Title _____
Date Issued ___/___/___ Permit Fee _____

Plumbing

Company Name _____ Address _____

Primary Phone Number _____ Secondary Phone Number _____

Business License Number _____ Issuing Authority _____ Expires ___/___/___

State License Number _____ Expires ___/___/___ Type of License _____

Signature _____ Print Name _____ Date ___/___/___

Approved By _____ Signature _____ Title _____
Date Issued ___/___/___ Permit Fee _____

Homeowner Permit Affidavit

City of Brunswick, Georgia
Office of Community Development
Building Division
Office: 912.279.2656 Fax: 912.267.5498
www.brunswickga.org



Property Address: _____

Permit Number: _____

Type of Permit: ___ Building ___ Electrical ___ Mechanical ___ Plumbing

THE UNDERSIGNED HEREBY APPLIES FOR SPECIAL CONSIDERATION AS A PROPERTY OWNER TO BUILD OR ALTER HIS/HER PERSONAL SINGLE FAMILY RESIDENCE. IN MAKING THIS REQUEST FOR A "HOMEOWNER" PERMIT, THE UNDERSIGNED STATES THE FOLLOWING TO BE TRUE:

- Applicant intends to reside in completed structure and does not plan to offer same for sale or rent.
- Property described in permit application is currently owned by the applicant.
- Applicant will serve as the general contractor and accept inherent responsibilities for the work authorized by the issued permit.
- Applicant agrees to hire **properly licensed contractors** for any work that is further sub-contracted. All electrical, mechanical, and plumbing work will be separately permitted.
- Applicant agrees to perform work in accordance with all applicable codes and strictly adhere to the inspection schedule. Undersigned acknowledges that inspections must be performed in an established sequence and that work done in violation of the codes must be corrected or may be ordered removed.

Applicant acknowledges that he/she is aware that a permit issued under the provisions of the code **may be revoked for false statements or misrepresentation** as to the material fact in the application on which the permit was based.

Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution and/or civil suits and damages. Georgia Criminal Code, Section 26-2402 (False Swearing) calls for a possible fine of not more than \$1,000.00 or imprisonment for not less than one (1) nor more than five (5) years, or both.

UPON SUBMISSION, THIS AFFIDAVIT BECOMES PART OF THE ACTUAL PERMIT.

Applicant's Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public
State of Georgia

Approved By: _____ Title: _____ Date: _____

After completion, make one copy for the Applicant, and attach a copy to the original Permit Application for the file.



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 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 of Qualifying Agent

_____ to apply for and obtain the permit(s) for the
project at:

Street address

Apartment of Suite Number

_____ City _____ Zip Code

I, the undersigned, being the contractor as either an individual or 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 me this _____ day of _____ 20__

Signature of Notary Public _____

Seal