



CITY OF MCRAE-HELENA EST. 2015

CITY OF MCRAE-HELENA

25 S 1ST AVENUE
 McRae-Helena, Georgia
 Phone: (229) 868-6051
 Fax: (229) 868-2747
www.mcrae-helena.org

COMMERCIAL BUILDING PERMIT APPLICATION

Project Address:		Zip:	
Project Name:			
PROPERTY			
Tax Parcel # _____ - _____ - _____ - _____		Zoning District:	
Property Owner:		Phone:	
Contact Name:		E-mail:	
Address:		Suite #:	
City:		State:	Zip:
GENERAL CONTRACTOR			
Company Name:		Phone:	
Contact Name:		E-Mail:	
Address:		Suite #:	
City:		State:	Zip:
State License #	Individual: <input type="checkbox"/>	Expires:	Business License #:
Company State License #:		Expires:	
APPLICANT			
Applicant is: <input type="checkbox"/> General Contractor <input type="checkbox"/> Authorized Permit Agent <input type="checkbox"/> Architect/Engineer			
Applicant's Name:		Phone:	
Company Name:		E-Mail:	
Address:		Suite #:	
City:		State:	Zip:
ASSOCIATED CONTRACT WORK:			
Electrical Contractor:		Address:	Phone:
State License Number:			City License Number:
Plumbing Contractor:		Address:	Phone:
State License Number:			City License Number:
Mechanical Contractor:		Address:	Phone:
State License Number:			City License Number:
WORK INFORMATION			
Work Area:	SF	Occupancy Type:	Building Height: FT No. Stories:
<input type="checkbox"/> New		Proposed Use: CHECK ONE	
<input type="checkbox"/> Addition		<input type="checkbox"/> AMUSEMENT/ RECREATION	<input type="checkbox"/> FACTORY/ INDUSTRIAL
<input type="checkbox"/> Renovation/ Repair		<input type="checkbox"/> ANTENNA/ TOWER	<input type="checkbox"/> HOSPITAL/ INSTITUTIONAL
<input type="checkbox"/> Renovation/ Repair (Exterior Only)		<input type="checkbox"/> ASSEMBLY/CHURCH	<input type="checkbox"/> HOTEL/ MOTEL
		<input type="checkbox"/> BARBER SHOP/ SALON	<input type="checkbox"/> MERCANTILE/ RETAIL
		<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> MULTI- FAMILY
			<input type="checkbox"/> OFFICE
Describe Work to be Performed:			Valuation: \$
			Permit Fee: \$



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***PLANS MUST BE FURNISHED FOR REVIEW ON ALL CONSTRUCTION.*PLEASE NOTE A CERTIFICATE OF OCCUPANCY MAY BE REQUIRED WITH FINAL INSPECTION OF PROJECT.**

NOTE: IF NO SUBSTANTIAL CONSTRUCTION PROGRESS HAS BEEN MADE WITHIN 180 DAYS OF THE DATE OF ISSUANCE OF THE BUILDING PERMIT, SAID PERMIT THEN BECOMES INVALID.

Applicant Signature: _____ Date: _____

GENERAL CONTRACTOR, PROPERTY OWNER, OR ENGINEER/ARCHITECT MUST COMPLETE THIS FORM WHEN APPLYING FOR A BUILDING PERMIT FOR A NEW STRUCTURE, ADDITION, MOBILE HOME PLACEMENT OR RELOCATION.

DO NOT BEGIN ANY CONSTRUCTION OR LAYOUT PRIOR TO PERMIT BEING ISSUED. PLEASE CHECK WITH BUILDING INSPECTOR AS OTHER REQUIREMENTS MAY APPLY.

ALL COMMERCIAL PROJECT APPLICANTS MUST FURNISH THE BUILDING DEPARTMENT WITH CONSTRUCTION PLANS AND SITE PLANS PREPARED BY A REGISTERED DESIGN PROFESSIONAL UNLESS WAIVED IN WRITING BY THE BUILDING OFFICIAL.

I, _____, hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance. I hereby certify that I have verified access to city water and sewer services for this property. Any necessary connection and requirements for service have been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review. I understand there may be water and sewer impact fees that must be paid prior to the completion of this project.

SIGNED: _____

WITNESSED: _____

DATE: _____

OFFICE USE ONLY	
APPROVED: _____	
DENIED: _____, REASON _____	
PAID PERMIT DATE: _____	_____
PERMIT NUMBER: _____	_____
BUILDING INSPECTOR/ CODE ENFORCEMENT OFFICER	DATE
_____	_____
CITY MANAGER	DATE
_____	_____



CLEAN WORK AREA DISCLOSURE

This is to certify that I understand, as a contractor applying for this building permit, **I am responsible for removing all trash and debris from the job site.**

Signature of Contractor

This is to certify that I understand, as a homeowner or designated agent applying for this building permit, **I am responsible for letting the contractor know that all trash and debris from the jobsite must be removed by them.**

Signature of Homeowner