

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

TOWN OF TURIN BUILDING DEPARTMENT
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APPLICATION FOR RESIDENTIAL BUILDING PERMIT

All Permits Expire One Year From Date Of Issue

Date: _____
Location: _____
Owner: _____
General Contractor: _____ Phone # _____
Georgia State Contractor Business License Number: _____
Address: _____
Electrician _____ Phone # _____
Plumber: _____ Phone # _____
Heat & Air: _____ Phone # _____

NOTE:

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

NUMBER OF STORIES _____ NUMBER OF ROOMS _____ NUMBER OF BATHROOMS _____
NUMBER OF UNITS _____ Bedrooms _____ Bathrooms _____ Carport _____
ESTIMATED BUILDING COST: _____
Bonus Room Finished Square footage _____ Basement Unfinished square footage _____
Crawl Space _____ Slab _____ Garage: Square footage _____
TOTAL House Heated Square Feet _____

LOCATION IN FEET OF BUILDING FROM ROAD _____

CHECK ALL THAT APPLY:

DISHWASHER { } GARBAGE DISPOSAL { }
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: _____

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.

TOWN OF TURIN, GEORGIA

PERSONALLY APPEARED _____ WHO STATES THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE DATE

ADDRESS