

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

**TOWN OF TURIN BUILDING DEPARTMENT**  
47 SOUTH HUNTER STREET  
P.O. BOX 86  
TURIN, GEORGIA 30289  
770-599-0777  
[townofturin@charter.net](mailto:townofturin@charter.net)

**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**

**All Permits Expire One Year From Date Of Issue**

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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