

# City of Fort Gaines, Georgia

Kenneth Sumpter  
Mayor



Charlotte Shivers  
Clerk/Treasurer

## APPLICATION FOR BUILDING PERMIT PERMIT NO. \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PROJECT LOCATION ADDRESS: \_\_\_\_\_

PARCEL NUMBER OF LOCATION: \_\_\_\_\_

PARCEL LEGAL DESCRIPTION: \_\_\_\_\_

PARCEL LOT DIMENSIONS: \_\_\_\_\_

TYPE STRUCTURE: \_\_\_\_\_

DIMENSIONS OF STRUCTURE: \_\_\_\_\_

USE OF STRUCTURE: \_\_\_\_\_

ADDITION TO EXISTING BUILDING DIMENSIONS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTRACTOR BUSINESS LICENSE # \_\_\_\_\_

TOTAL ESTIMATE OF COST: \_\_\_\_\_

I HEREBY AGREE TO ACT UNDER PERMIT APPLIED FOR IN FULL ACCORDANCE WITH ALL LAWS AND ORDINANCES OF THE CITY OF FORT GAINES. I AGREE THAT NO CHANGE WILL BE MADE CONTRARY TO THIS PERMIT, IF SO, THIS PERMIT WILL BE VOID. THIS PERMIT WILL BE VOID IF WORK DOES NOT BEGIN WITHIN 6 MONTHS FROM DATE ISSUED.

APPLICANT SIGNATURE: \_\_\_\_\_

CITY CLERK \_\_\_\_\_ Permit Fee Paid: \$ \_\_\_\_\_