City of Toccoa Planning Department

Permit Application

 Permit #

 Date Received:

|  |
| --- |
| Date: Click here to enter a date. Tax Map#Click here to enter text. Parcel#Click here to enter text. |
| Owner: Click here to enter text. Phone Number: Click here to enter text. |
| Owner Mailing Address: Click here to enter text. |
| Contractor: Click here to enter text. Phone Number: Click here to enter text. |
| Contractor Mailing Address: Click here to enter text. |
| Contractor Business License # Click here to enter text. |
| Contact Person: Click here to enter text. Phone Number: Click here to enter text. |
| Building Site Address: Click here to enter text. |

Proposed Work: (Check all that apply)

|  |  |  |
| --- | --- | --- |
| [ ] New Construction | [ ] Residence (1 Family) | [ ] Auto Storage |
| [ ] Repair | [ ] Manufactured Home | [ ] Electrical |
| [ ] Re-side | [ ] Apartment | [ ] Sign |
| [ ] Re-roof | [ ] Duplex | [ ] Grading |
| [ ] Addition | [ ] Commercial Bldg. | [ ] Other: Click here to enter text. |
| [ ] Move | [ ] Industrial Bldg. |  |
| [ ] Demolish | [ ] Storage Bldg. |  |

Brief Description of Proposed Work:Click here to enter text.

|  |  |
| --- | --- |
| #of Units (Residential)Click here to enter text.  | #of Bedrooms Click here to enter text. |
| Total Square Footage of Bldg.Click here to enter text. | Lot SizeClick here to enter text. |

Manufactured Homes must have: [ ] Change order from Tax Commissioner’s Office

 [ ] City of Toccoa Sewer [ ] Septic Tank Application #Click here to enter text.

Are you served by the public: [ ] Water [ ] Natural Gas [ ] Sewer

[ ] Current Zoning:Click here to enter text.

The City of Toccoa requires a License # on each contractor or subcontractor.

|  |  |
| --- | --- |
| ContractorClick here to enter text. | License # Click here to enter text. |
| ElectricianClick here to enter text. | License # Click here to enter text. |
| HVAC Click here to enter text. | License # Click here to enter text. |
| Plumber Click here to enter text. | License # Click here to enter text. |

Permit fees are based on the Estimated Cost of the job. Please break these down to the appropriate line.

|  |  |
| --- | --- |
| Estimated Cost of Construction Enter estimated total  | Permit Fee for Construction $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Cost of Electricity Click here to enter text.  | Permit Fee for Electricity $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Cost of HVAC Click here to enter text.  | Permit Fee for HVAC $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Cost of Plumbing Click here to enter text.  | Permit Fee for Plumbing $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Estimated Cost** Click here to enter text.  | Permit Fee for Grading $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Permit Fee for Sign $ \_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Permit Fee for Demo $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | Permit Fee for MH $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   | **Total Permit Fee Due $\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please call 24-hours in advance (706-282-3267) for ALL FOOTING, ROUGH-IN AND FINAL INSPECTIONS. A Certificate of Occupancy will not be issued until all of these inspections have been completed. Scheduling of inspections is the responsibility of contractor with minimum 24 hour notice.**

Application: Click here to enter text. Planning Department Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_