



# City of Covington

## BUILDING PERMIT APPLICATION

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING:

Commercial plan review fee: \$250.00 Residential plan review fee: \$75.00

**Incomplete applications will be denied and returned to the applicant.**

### I. PROJECT INFORMATION:

Project Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Parcel Size (Acres): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Project Name: \_\_\_\_\_

Description of Project: \_\_\_\_\_

Permit Type:  Residential  Commercial  Industrial  Other

Project Type:  New Construction  Interior Build/Remodel  Exterior Remodel  Basement Finish

In Ground Pool  Shell Only  Other \_\_\_\_\_

New Construction:

# of bedrooms: \_\_\_\_\_ # of full baths \_\_\_\_\_ # of half baths \_\_\_\_\_ detached \_\_\_ attached \_\_\_ garage

Project Cost/Valuation (excluding land cost): \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Intended Use of Structure(s):  Single Family House  Multifamily House  Apartment

Retail  Restaurant  Professional  Other \_\_\_\_\_

Building Height: \_\_\_\_\_ Number of Levels: \_\_\_\_\_

Will a temporary power pole be needed?  yes  no Fire Sprinkler System Provided?  yes  no

Is the property located within a historic district?  yes  no

*If yes, applicant must also submit proof of a Certificate of Appropriateness.*

### II. APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is:  Property Owner  General Contractor  Business Owner/Tenant

Architect/Engineer  Other \_\_\_\_\_



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### III. REQUIREMENTS:

- 1 full set of stamped building plans on 24" x 36" paper (including site layout plan, Tree Preservation Plan, backflow protection device and grease trap – if applicable)
- 2 separate set of electrical plans (non-residential projects)  1 set of digital plans in pdf format
- 1 separate set of gas plans (non-residential projects)
- Signed affidavit  Copy of state license  Copy of business license  Copy of driver's license
- If structure is to be place on a septic system, please provide proper documentation from the Newton County Health Department.
- If your home is in Covington's Historic Districts, you will need to complete a Certificate of Appropriateness prior to the completion of this application

### IV. CONSTRUCTION TYPE- IBC 503

- Type I **(Fire Resistive)** concrete and steel structure (including roof)
- Type II **(Non-Combustible)** steel or concrete walls – similar to Type I but roof material is combustible
- Type III **(Ordinary – Brick and Joist Structure)** masonry bearing walls with floors, structural framework and roof made of wood or other combustible material
- Type IV **(Heavy Timber)** masonry wall similar to Type II but interior consist of heavy timber
- Type V **(Wood Frame)** interior and exterior walls are wood framed

Exterior Building Material:  Brick  Stone  Stucco/EIFS  Other \_\_\_\_\_

Roofing Material:  Metal  Asphalt  Other \_\_\_\_\_

### V. CONTRACTOR INFORMATION:

Contractor Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifying Agent Name: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

- License Type:  General Contractor  General Contractor-limited tier  Residential Basic  
 Residential/Light Commercial

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact for Project: \_\_\_\_\_ Phone: \_\_\_\_\_



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### VI. GEORGIA LICENSED SUBCONTRACTOR INFORMATION:

#### **Electrical Contractor**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifying Agent Name: \_\_\_\_\_

State Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Plumbing Contractor**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifying Agent Name: \_\_\_\_\_

State Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Mechanical Contractor**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifying Agent Name: \_\_\_\_\_

State Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Low Voltage Contractor**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Qualifying Agent Name: \_\_\_\_\_

State Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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I do hereby certify that I am responsible for each required licensed subcontractor to hold a current Georgia subcontractor license and local business license where the business is located from. It is my sole responsibility to notify the City of Covington Planning and Zoning Department in writing of any change in the status of myself as the contractor or any subcontractor performing work listed on this page. Any false information or representation will be prosecuted under all applicable laws and ordinances.

General Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary: \_\_\_\_\_

Notary Seal

### **VII. PROPERTY OWNER AFFIDAVIT:**

I, \_\_\_\_\_, the owner of the subject property identified in this

application, do hereby authorize \_\_\_\_\_ to act on my behalf in all matters pertaining to the processing and approval of this application, including modifying the project accordingly to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative. If this relationship changes at any time prior to the completion of this project, it is my sole responsibility to notify the City of Covington Planning and Development Department of said change in writing.

Name of Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary: \_\_\_\_\_

Notary Seal



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**NO PERMIT WILL BE ISSUED UNTIL THE PROPERTY OWNER AFFADAVIT IS SIGNED**

**NO INSPECTION WILL BE PERFORMED UNTIL THE SUBCONTRACTOR AFFIDAVIT IS COMPLETED AND ON FILE.**

**PRIOR TO THE CERTIFICATE OF OCCUPANCY BEING ISSUED FOR NON-RESIDENTIAL CONSTRUCTION, THE APPLICANT SHALL PROVIDE THE FIRE MARSHAL AND BUILDING INSPECTOR A COPY OF THE FINAL APPROVED PLANS IN .PDF FORMAT. THESE FILES MAY BE DIRECTLY EMAILED TO THE RECIPIENTS.**

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**\*\* FOR OFFICIAL USE ONLY \*\***

PLANNING & DEVELOPMENT		File #	Fee Received: <input type="checkbox"/>
<input type="checkbox"/> Approved _____	<input type="checkbox"/> Approved with remarks _____	Is this property located within Covington's Historic District? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
<input type="checkbox"/> Denied _____			