

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.

. PROJECT INFORMATION:
Project Address:
Parcel ID: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:
ntended 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
s the property located within a historic district? yes no f yes, applicant must also submit proof of a Certificate of Appropriateness.
I. APPLICANT INFORMATION:
Name:
Address:
Phone: Email:
Applicant is: Property Owner General Contractor Business Owner/Tenant
☐ Architect/Engineer ☐ Other



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III. REQUIREMEN	<u>гs</u> :			
☐ 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 sets	☐ 2 separate sets of electrical plans (non-residential) ☐ 1 separate set of gas plans (non-residential)			
☐ 1 set of digital p	lans in pdf format ☐Plan review fee			
☐ Signed affidavit	☐ Copy of state license ☐ Copy of business license ☐ Copy of driver's license			
☐ Signed subcont	ractor affidavit for each subcontractor			
 ☐ If structure is to be placed 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)			
	•Combustible) steel or concrete walls – similar to Type I but roof material is ustible			
	nary – Brick and Joist Structure) masonry bearing walls with floors, structural work and roof made of wood or other combustible material			
☐ Type IV (Hea v	yy 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:				
	General Contractor			
Address:				
Phone:	Email:			
Primary Contact fo	r 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:		
State Card number:		Expiration Date:
Phone:	Email:	
Mechanical Contractor		
Business Name:		Contact Name:
Address:		
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:			
l,, tl	he owner of t	he 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: Ema	ail:		
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	SUBMITTED F	OR REVIEW UNTIL	. THE PLA	AN REVIEW IS PAID.

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.

** FOR OFFICIAL USE ONLY **				
PLANNING & DI	EVELOPMENT File #		Fee Received:	
☐Approved	☐ Approved with remarks	Is this property located ☐ Yes, ☐ No	within Covington's Histori	c District?
☐Denied				