

CITY OF CEDARTOWN

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Cedartown, Georgia 30125
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BUILDING INSPECTION DEPARTMENT APPLICATION FOR: RESIDENTIAL BUILDING PERMIT

DATE: _____
PROJECT TYPE: _____ PROJECT ADDRESS: _____
SUB-DIVISION: _____

OWNER: _____ CONTRACTOR: _____
ADDRESS: _____ ADDRESS: _____
PHONE: _____ PHONE: _____

BUILDING DIMENSIONS (OVERALL): _____ x _____
BUILDING SIZE: _____
GEORGIA SOIL AND WATER CONSERVATION CERTIFICATE NUMBER: _____
COPY OF BUSINESS LICENSE: _____
SPECIAL CONDITIONS: _____

SIGNATURE _____

INFORMATION BELOW THIS LINE TO BE FILLED IN BY BUILDING DEPARTMENT:

ZONING VERIFICATION: _____
ON-SITE SEWAGE DISPOSAL _____
OR SEWER CUT-IN RECEIPT: NUM. _____
PRIVATE WATER VERLCATZON OR _____
WATER METER RECEIPT: NUM. _____
NUMBER OF COMPLETE SETS OF _____
CONSTRUCTION DOCUMENTS: _____
FLOOD PLAN: _____

PLAN APPROVALS

BUILDING PLANS: _____
BUILDING DEPARMENT REVIEW BY: _____
SITE PLANS: _____
FOUNDATION PLANS: _____
FIRST FLOOR PLANS: _____
SECOND FLOOR PLANS: _____
ELEVATIONS: _____
OTHER: _____

ADDITIONAL COMMENTS:

