

Marion County

BUILDING CODE AND ZONING
DEPARTMENT

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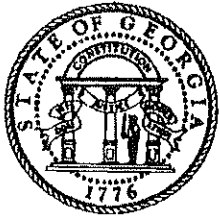
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BUILDING PERMIT APPLICATION CHECKLIST

Single Family Residences and Duplexes New Construction and Additions

1. Completed Building Application, **Signed**
2. Two Sets of Construction Plans, **To Scale**
3. Site Plan, **To Scale**
4. Floor Plans
5. Truss Layout
6. Floor Plan with Electrical Layout
7. Floor Plan with Plumbing Layout
8. Floor Plan with Mechanical and Duct Layout



Marion County

BUILDING PERMIT

B _____

1

JOB ADDRESS
OWNER

APPLICANT TO COMPLETE NUMBERED SPACES ONLY.

Receipt # _____

JOB ADDRESS				# ACRES IN PROJECT			
1	LEGAL DESCR	LOT NUMBER	BLK	TRACT	(SEE ATTACHED SHEET)		
2	OWNER	MAIL ADDRESS	ZIP	PHONE			
3	SIZE OF BUILDING						
4	CLASS OF WORK:	NEW	ADDITION	ALTERATION	REPAIR	MOVE	DEMOLITION
5	DESCRIBE WORK:				ELECTRICAL PERMIT #		
					PLUMBING PERMIT #		
					HVAC PERMIT #		
6	ESTIMATED VALUATION OF WORK: \$	ELECT. PANEL SIZE:	# OF BATHROOMS:	BTUs HVAC:			

SPECIAL CONDITIONS:

REMARKS:

APPLICATION ACCEPTED:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
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NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT	DATE
SIGNATURE OF OWNER (IF OWNER BUILDER)	DATE

SPECIAL APPROVALS	REQ'D	REC'D	NOT REQUIRED
HEALTH DEPT. (SEPTIC TANK)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT Sig. _____ Date _____