



CITY OF KINGSLAND, GEORGIA
PLANNING AND ZONING DEPARTMENT
P.O. BOX 250
(912)729-: 4; 8 FAX: (912)729-4590
www.kingslandgeorgia.com

APPLICATION FOR BUILDING PERMIT

APPLICANT: _____
[] CONTRACTOR [] OWNER (CHECK ONE OR BOTH, IF APPLICABLE)

CONTRACTOR'S BUSINESS NAME (PLEASE PRINT) _____

NAME OF LICENSED CONTRACTOR _____

CONTRACTOR'S BUSINESS ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____ STATE LICENSE # _____

PHONE # (____) _____ MOBILE/BEEPER (____) _____ FAX # (____) _____

E-MAIL ADDRESS: _____

OWNER'S INFORMATION:

NAME _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY (____) _____ ALTERNATE (____) _____

ARCHITECT OR ENGINEER WHERE REQUIRED BY OCGA §43-4-14:

ADDRESS _____

PHONE # (____) _____ GA. STATE LICENSE # _____

E-MAIL ADDRESS _____

TYPE OF CONSTRUCTION: [] NEW [] ADDITION [] REMODEL/ REPAIR

DESCRIPTION OF WORK: _____

STRUCTURE TYPE: [] S/F RESIDENCE [] DUPLEX [] COMMERCIAL [] OTHER
DESCRIBE OTHER: _____

STRUCTURE SIZE: HEIGHT _____ LENGTH _____ WIDTH _____

STRUCTURAL SQUARE FOOTAGE –EXTERIOR SQUARE FOOTAGE TOTAL

HEATED: _____ GARAGE: _____ PORCH (ES): _____ OTHER: _____

DESCRIBE OTHER: _____

TOTAL SQUARE FOOTAGE: _____

NUMBER OF STORIES: _____ ELEVATOR: _____ FIRE PLACE(S) _____

NUMBER OF ROOMS: _____ NUMBER OF BATHROOMS: _____

NOTE:

IF COMMERCIAL AND HAS GAS PUMPS, HOW MANY PUMPS: _____

IF APARTMENT, HOW MANY UNITS: _____

ESTIMATION OF COST SHEET

TOTAL BUILDING COST: \$ _____

SUB-CONTRACTORS:

ELECTRICAL: _____ BUS. LIC. # _____ COST: \$ _____

LOW VOLTAGE: _____ BUS. LIC. # _____ COST: \$ _____

HVAC: _____ BUS. LIC. # _____ COST: \$ _____

PLUMBING: _____ BUS. LIC. # _____ COST: \$ _____

GAS INSTALL: _____ BUS. LIC. # _____ COST: \$ _____

OTHER: _____ BUS. LIC. # _____ COST: \$ _____

OTHER: _____ BUS. LIC. # _____ COST: \$ _____

SIGNATURE: _____ DATE: _____

UTILITIES

ELECTRIC COMPANY: [] GA. POWER [] REA

WHAT SIZE WATER METER ARE YOU REQUESTING IF LARGER THAN 3/4"?
_____ METER SIZE

DO YOU WANT A TEMPORARY POWER POLE INSPECTION? [] YES [] NO

IF YES HOW MANY? _____

NOTE: TEMPORARY POWER POLE INSPECTION IS \$25.00

PLANNING AND ZONING INFORMATION

LEGAL DESCRIPTION

LOT NUMBER: _____

BLOCK NUMBER: _____

PARCEL NUMBER: _____

STREET ADDRESS: _____

SUBDIVISION: _____

PHASE: _____

PROPERTY IS ZONED: _____

SET BACKS:

FRONT: _____

REAR: _____

SIDES: _____

IS PROPERTY IN A FLOODZONE? [] YES [] NO

TYPE OF FLOODZONE _____ **(i.e. AE11, AE12)**

IF IN A FLOODZONE PLEASE INDICATE BFE: _____

PLANNING AND ZONING OFFICIAL

DATE: _____



State Licensing Board for Residential and General Contractors

The Authorized Permit Agent form may be used by a licensed contractor to designate an individual to obtain permit(s) on his/her behalf for a project(s). The contractor should submit an Authorized Permit Agent Form for each project that he/she designates an individual to pull permits for. The form is to be given to the permit office in the city or county in which the project is located. Do not send a copy of this form to the Board office unless you are requested to do so.



State Licensing Board for
Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: _____ Individual _____ Qualifying Agent

Name of licensed person _____

*Please attach a copy of Individual license or Company License (Reflects company and qualifying agent license number)

License number of individual or qualifying agent: _____

Name of licensed company(if applicable) _____

License number of company(if applicable): _____

I, _____, hereby designate
Licensed Individual or Qualifying Agent

_____ to apply for and obtain the permit(s) for the
*Please attach a copy of the authorized permit agent's driver's license.

project at:

Street address

Apartment or Suite Number

City Zip Code

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20__

Signature of Notary Public _____

(Seal)



City of Kingsland
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 www.kingslandgeorgia.com

**HOMEOWNER PERMIT AFFIDAVIT
 (GENERAL CONTRACTOR/ PLUMBING/ELECTRICAL/MECHANICAL)**

PERMIT No: _____
 PROPERTY ADDRESS: _____

The undersigned hereby applies for special consideration as a property owner desiring to perform construction on his/ her own residence. In making this request for a "home owner" permit, the undersigned states the following to be true.

- Applicant resides or intends to reside on premises.
- Applicant will serve as the sub-contractor, and accept inherent responsibilities for the work authorized by the approved permit.
- Applicant agrees to hire **Properly Licensed Contractors** for the other work that is further sub-contracted.
- Property described in permit application is currently owned by applicant.
- Applicant agrees to perform work in accordance with all applicable codes and strictly adhere to the inspection schedule. Undersigned acknowledges that inspections must be performed in an established sequence and that work done in violation of code must be corrected or may be ordered removed.

Applicant acknowledges that he/she is aware that a permit issued under the provision of the code may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based.

Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 26-2402 (False Swearing) calls for a possible fine of not more than \$1,000.00 or imprisonment for not less than one (1) nor more than (5) years, or both.

 Applicant Signature

Sworn before me and subscribed
 in my presence this _____
 Day of _____ 20____

 Notary