RESIDENTIAL BUILDING PERMIT

Jurisdiction of Flowery Branch, Georgia
770-967-6378(phone) 770-967-6481 (fax)
www.flowerybranchga.org

Applicant to complete numbered spaces only

Job Address:			
1. Legal Description	Lt Lot Number	Blk/Pod	Tract ☐ (SEE ATTACHED SHEET)
2. Owner	Mailing address	Zip	Phone
3. Contractor	Mailing address	Zip	Phone
4. Architect or Designer	Mailing address	Zip	Phone
5. Engineer	Mailing address	Zip	Phone
6. Lender	Mailing address	Zip	Phone
7. Use of Building		Sanitary Service ☐ Sewer	☐ Septic
8. Class of work			
9. Describe work:			

10. Valuation of work: $	Plan Check Fee	Permit Fee
12. Rezoning Variance or CUP (If Applicable)		

13 .**SPECIAL CONDITIONS**:

Application Accepted By:	Plans Checked By:	Approved By:

Type of Const.	Occupancy	Division
Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load
Fire Zone HALL COUNTY	Use Zone	Fire Sprinklers Required ☐ Yes ☐ No
No. of Dwelling units	OFF STREET PARKING SPACES ☐ Covered	☐ Uncovered

Special Approvals	Required	Received	Not Required
Zoning	☐	☐	☐
Health Dept.	☐	☐	☐
Fire Dept.	☐	☐	☐
Soil Report	☐	☐	☐
Other (Specify)	☐	☐	☐
Sewer Permit	☐	☐	☐
Soil Permit No.			
Plumbing Permit			

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WIHIN 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*

When properly validated (in this space) this is your permit #