

**BUILDING PERMIT APPLICATION**  
 **COMMERCIAL**     **RESIDENTIAL**

✧ Application must be completed in **ink**. If submitting plans, please provide **two** copies. ✧

✧ Contact Development Services at (912)651-6510 for assistance. ✧

✧ Submit your Building Permit Application via fax (912)651-6543 or in person at 5515 Abercorn Street (31405). ✧

**Project Site**

Project/Business Name: \_\_\_\_\_ PIN: \_\_\_\_\_

Project Address: \_\_\_\_\_

**Contacts**

Property Owner: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Who will be responsible for this work?     Property Owner     Tenant     Authorized Agent     Contractor

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Who do we contact for design explanations?     Property Owner     Contractor     Design Professional

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Class of Work**

- New     Addition     Renovation/Repair     Shell Build Out     Manufactured/Modular
- Master Plan: Number \_\_\_\_\_     Other Building Related (Example: barn, shed, roofing, siding, porch/deck, windows)
- Other Non-Building Related (Example: swimming pool)    *NOTE: For demolition, sign, or fence, fill out separate application.*

**Proposed Use or Activity for this Permit**

- |   |   |  |   |   |
|---|---|--|---|---|
| <b>COMMERCIAL:</b>                              | <input type="checkbox"/> Barber Shop/Salon      | <input type="checkbox"/> Hotel/Motel             | <input type="checkbox"/> Parking Garage | <b>RESIDENTIAL:</b>                     |
| <input type="checkbox"/> Amusement/Recreational | <input type="checkbox"/> Educational            | <input type="checkbox"/> Mercantile/Retail       | <input type="checkbox"/> Restaurant     | <input type="checkbox"/> Single Family  |
| <input type="checkbox"/> Antenna/Tower          | <input type="checkbox"/> Factory/Industrial     | <input type="checkbox"/> Multi-family (3+ units) | <input type="checkbox"/> Shell          | <input type="checkbox"/> Duplex         |
| <input type="checkbox"/> Assembly/Church        | <input type="checkbox"/> Hospital/Institutional | <input type="checkbox"/> Office/Professional     | <input type="checkbox"/> Storage        | <input type="checkbox"/> Townhouse      |
|   |   |  |   | <input type="checkbox"/> Garage/Carport |

Current/Prior Use or Previous Business Name at this location:  Same     Other: \_\_\_\_\_

**Description of Work**

Complete Description of Work: \_\_\_\_\_

Building Square Footage: \_\_\_\_\_ # Stories: \_\_\_\_\_

Primary Structure     Accessory Structure – Attached     Accessory Structure – Detached

Work to include:     Electrical     Plumbing     Mechanical/HVAC     Low Voltage     Sprinkler/Fire Alarm

Are **Special Inspections** required for this project?     Yes     No    If yes, who will be responsible for this work? \_\_\_\_\_

Is this a Property Maintenance Violation or Warning?     Yes     No    If Yes, attach write-up from Property Maintenance Dept. \_\_\_\_\_

**VALUATION OF JOB:**    *(COMMERCIAL: Estimate \$125 per SF for labor, materials & profit)*  
*(RESIDENTIAL: Estimate \$80 per SF for labor, materials & profit)*  
 \$ \_\_\_\_\_

**General Contractor Information**

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Georgia Licensed Subcontractors to Work on Project\*\***

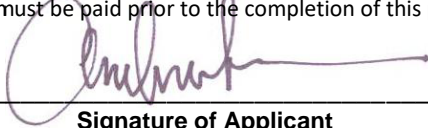
Electrical \_\_\_\_\_ Phone: \_\_\_\_\_  
 Plumbing \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mechanical/HVAC \_\_\_\_\_ Phone: \_\_\_\_\_  
 Low Voltage \_\_\_\_\_ Phone: \_\_\_\_\_

**Design Considerations**

Water Service:  City of Savannah  Private Well  Other: \_\_\_\_\_ Location & Size of Water Main: \_\_\_\_\_  
 Sewer Service:  City of Savannah  Septic Tank  Other: \_\_\_\_\_ Location & Depth of Sewer Main: \_\_\_\_\_  
 Is property in a designated wetland?  Yes  No If yes, attach copy of engineer's letter.  
 The property is in Flood Zone \_\_\_\_\_ If the structure is located in a Special Flood Hazard Area (SFHA), there may be additional requirements that must be met. Contact the City's Floodplain Administrator at (912) 651-6510 for more information.  
 How many existing electrical meters?: \_\_\_\_\_ How many additional new meters?: \_\_\_\_\_  
 Is this project in a historic district?  Yes  No If Yes, is exterior work being performed?  Yes  No  
 If Yes, has a Certificate of Appropriateness (COA) been issued?  Yes  No  
 If Yes, plans must be stamped by the Historic Preservation Officer and a copy of the COA must be provided.  
 If No, contact the **Historic Preservation Office** at (912)651-1440.

**Applicant Certification**

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.  
 I hereby certify that I have verified access to city water and sewer services for this property. Any necessary connection and requirements for service have been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review. I understand there may be water and sewer impact fees that must be paid prior to the completion of this project.



\_\_\_\_\_ Printed Name of Applicant (Not Company Name)      \_\_\_\_\_ Signature of Applicant      \_\_\_\_\_ Date

*Note: For permit fee information, contact Development Services, view the City's Revenue Ordinance, or visit [www.savannahga.gov](http://www.savannahga.gov) and view the Building Permit Fees document. Fees can be paid by check or money order (no cash), or they can be paid online through eTRAC.*

✧ Note: For **Commercial Building Renovations**, submit signed and approval "Water & Sewer Approval Form", unless a Site Development Permit is required for the project. ✧

FOR OFFICE USE ONLY	
No Plans Submitted: _____ Zoning District: _____ Zoning Use: _____	<b>Plan Review Fees:</b> Total: \$ _____
Constr. Type: _____ Report Code: _____ Occupancy Type: _____	Paid: \$ _____ Bal.: \$ _____ Chk/MO#: _____
Flood Zone: <input type="checkbox"/> X <input type="checkbox"/> A <input type="checkbox"/> AE <input type="checkbox"/> VE LOMA: _____ COA Approved: _____	<b>Permit Fees:</b> Total: \$ _____
Firm Map #13051C- _____ -F BFE Cert. Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid: \$ _____ Bal.: \$ _____
Contractor Validation: <input type="checkbox"/> Yes <input type="checkbox"/> No Homeowners Affidavit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chk/MO#: _____ Notes: _____
Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____	