

BUILDING PERMIT APPLICATION
 COMMERCIAL **RESIDENTIAL**

✧ Submit your application via the customer service portal at eTRAC.savannahga.gov. ✧
 ✧ Contact Development Services at (912)651-6510 for assistance. ✧
 ✧ You may also submit your Building Permit Application in person at 20 Interchange Dr. (31415). ✧

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

COMMERCIAL:	<input type="checkbox"/> Barber Shop/Salon	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Parking Garage	RESIDENTIAL:
<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: _____

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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.

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Constr. Type: _____ Report Code: _____ Occupancy Type: _____

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Firm Map #13051C- _____ -F BFE Cert. Needed: Yes No

Contractor Validation: Yes No Homeowners Affidavit: Yes No

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Complete Description of Work: _____
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Water Service: City of Savannah Private Well Other: _____ Location & Size of Water Main: _____

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Firm Map #13051C- _____ -F BFE Cert. Needed: Yes No

Contractor Validation: Yes No Homeowners Affidavit: Yes No

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 Master Plan: Number _____ Other Building Related (Example: barn, shed, roofing, siding, porch/deck, windows)
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