

**CITY OF CUMMING
 PLANNING & ZONING DEPARTMENT
 100 MAIN STREET
 CUMMING, GEORGIA 30040
 (770) 781-2024 FAX (770) 781-2029
 APPLICATION FOR BUILDING PERMIT- POOL**

BUILDING PERMIT NO. _____

***** **SITE ADDRESS** *****

Site Address: _____ Project Name: _____

Map # _____ Parcel: _____ Land Lots: _____ District: _____

***** **BUILDING CONTRACTOR** *****

Business License No.: _____ Business Name: _____

Address: _____

City/State/Zip: _____ Phone: _____ Pager: _____

***** **OWNER** *****

Last Name: _____ First: _____ MI: _____ Phone: _____

Address: _____ City/State/Zip: _____

Contact Name: _____ Phone: _____ Owner Contractor Other

Class Work: (check one) New Addition Repair Move Demolish

Utility Company: (check one) GA Power co. Sawnee EMC Other

(RESIDENTIAL)
 FLOOR AREA: FINISHED (Heated Area)(sq. ft.) _____ UNFINISHED (Unheated Area) (sq. ft.) _____

COMMERCIAL AREA: ENCLOSED AREA _____ UNENCLOSED AREA _____

Height: _____ (feet) _____ (stories) Dwelling Units: _____ Commercial Units: _____ Total Acreage: _____

Proposed Use: _____ Valuation of Work: \$ _____ No. Parking Spaces _____

Zoning: _____ Setbacks: _____ Front Yard _____ Side Yard _____ Rear Yard

Corner Lot: Yes No (Corner Lot requires Front Yard Setback from all adjacent streets)

Fire Protection: Sprinkler Detection Sewer System: Septic Sewer Public Private

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR MECHANICAL, ELECTRICAL, OR PLUMBING WORK. THIS PERMIT BECOMES NULL AND VOID IF WORK 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.

SPECIAL CONDITIONS: _____

Contractor must submit copy of business license.

SIGNATURE OF APPLICANT _____ (DATE)

APPROVED FOR ISSUANCE BY _____ (DATE)

Type of Construction	Occupancy Group
Building Permit Fee:	\$ _____
Electrical Permit Fee:	\$ _____
Mechanical Permit Fee:	\$ _____
Plumbing Permit Fee:	\$ _____
Total Permit Fee:	\$ _____