

HENRY COUNTY BUILDING DEPARTMENT

140 Henry Parkway, McDonough, GA 30253

CHECK NO. _____

APPLICATION FOR BUILDING PERMIT

DATE _____

Minimum Fee \$50.00

BLDG. PERMIT NO. _____

THIS APPLICATION SHALL BE MADE IN ACCORDANCE WITH APPLICATION REQUIREMENTS OF HENRY COUNTY CODE FOR A PERMIT TO ERECT, ALTER, REPAIR OR USE A STRUCTURE AS DESCRIBED HEREIN AND AS REQUIRED BY THE DEVELOPMENT PERMIT.

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|---|------|---|---------------------|
| ADDRESS: | | PROJECT/SUBDIVISION: | |
| CITY: | ZIP: | UNIT: | SECTION: LOT/BLOCK: |
| SANITARY FACILITIES: <input type="checkbox"/> Sewer <input type="checkbox"/> Co. Water <input type="checkbox"/> Septic Tank <input type="checkbox"/> Well | | PURPOSE OF PERMIT: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Fire Damage <input type="checkbox"/> Alter <input type="checkbox"/> Repair <input type="checkbox"/> Demolish | |

| | | | | | |
|----------------------------------|--|----------------|-------------------|--------------------------|--|
| SQUARE FOOTAGE OF AREAS | | | | TOTAL SQ. FEET: | |
| Lot Size: | Heated Floors | Heated Bonus | Heated Basement | Covered Porch/Deck/Patio | |
| | Garage | Unheated Bonus | Unheated Basement | Accessory Structure | |
| | Unheated Finished Areas (Sun Room, Garage Storage, etc.) | | | Other | |
| No. Stories | No. Rooms | No. Baths | No. Bedrooms | No. Kitchens | |
| Type of Construction & Materials | | | | Roofing Materials | |

| | | | | | |
|--------------------|-----|------|---------------|-----|----------------|
| Owner: | | | Contractor: | | |
| Address: | | | Address: | | |
| City: | St. | Zip: | City: | St. | Zip: |
| Telephone #: | | | Telephone #: | | Alt. Ph. #: |
| Alternate Phone #: | | | St. License # | | |
| | | | Lic. Type | | Business Lic.# |

| | | | |
|---|---|--|---|
| INDICATE BELOW ALL ADDITIONAL WORK (INCLUDING WORK TO BE DONE BY OTHERS) THAT WILL BE DONE IN RELATION TO THIS PERMIT | | | |
| ELECTRICAL | HEATING (<input type="checkbox"/> FA, <input type="checkbox"/> Rad.) | AIR CONDITIONING | PLUMBING |
| <input type="checkbox"/> Gen. Pur. Outlets | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Kit. Sink(s) No. _____ |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Lavatories |
| <input type="checkbox"/> Power Connection | <input type="checkbox"/> Steam/Hot wate | <input type="checkbox"/> Chilled Water | <input type="checkbox"/> Commodes |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Oil | | <input type="checkbox"/> Bathtubs/Showers |
| | <input type="checkbox"/> Solar | | <input type="checkbox"/> Other _____ |

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|---------------------------------|
| ESTIMATED VALUE OF CONSTRUCTION |
|---------------------------------|

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT OR FROM THE TIME OF THE BEGINNING OF THE FIRST WORK, WHICH EVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS WORK, WEATHER FOR BASIC SERVICES OR ADDITIONAL SERVICES, TO PERSON OR PROPERTY. THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE COUNTY FROM AND AGAINST ALL CLAIMS OR ACTIONS AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION AND ACTIONS, BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONS CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT OR FOR ANY AND ALL CLAIMS FOR DAMAGES UNDER THE LAWS OF THE UNITED STATES OR OF GEORGIA ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE COUNTY, THE DEFENSE OF ANY AND ALL CLAIMS, LITIGATIONS AND ACTIONS, SUFFERED THROUGH ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR, OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT.

| | |
|-------------------|-----------------------|
| _____ | _____ |
| PLEASE PRINT NAME | APPLICANT'S SIGNATURE |

DO NOT COMPLETE THE FOLLOWING - OFFICE USE ONLY

| | | | |
|------------------------------------|----------|----------|--------|
| MAP REFERENCE | DISTRICT | LAND LOT | ZONING |
| SETBACKS FROM PROPERTY LINES: LEFT | RIGHT | FRONT | REAR |

| | | |
|----------------------------|--------------------------|------------|
| Date Application Processed | Application Processed By | Entered By |
| Building Valuation | Cost of Permit | |

BUILDING PERMIT REMARKS
