



CITY OF WOODBINE, GEORGIA
P.O. BOX 26
WOODBINE, GA 31569
PHONE(912)576-3211 FAX: (912)576-3274

APPLICATION FOR BUILDING PERMIT

APPLICANT: _____
[] CONTRACTOR [] OWNER (CHECK ONE OR BOTH, IF APPLICABLE)

CONTRACTOR'S BUSINESS NAME (PLEASE PRINT) _____

NAME OF LICENSED CONTRACTOR _____

CONTRACTOR'S BUSINESS ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____ STATE LICENSE # _____

PHONE # () _____ MOBILE/BEEPER () _____ FAX # () _____

E-MAIL ADDRESS: _____

OWNER'S INFORMATION:

NAME _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY () _____ ALTERNATE () _____

ARCHITECT OR ENGINEER: _____

ADDRESS _____

PHONE # () _____ GA. STATE LICENSE # _____

E-MAIL ADDRESS _____

TYPE OF CONSTRUCTION: [] NEW [] ADDITION [] REMODEL/ REPAIR

DESCRIPTION OF WORK: _____

STRUCTURE TYPE: [] S/F RESIDENCE [] DUPLEX [] COMMERCIAL [] OTHER

DESCRIBE OTHER: _____

STUCTURE SIZE: HEIGHT _____ LENGTH _____ WIDTH _____

STRUCTURAL SQUARE FOOTAGE –EXTERIOR SQUARE FOOTAGE TOTAL

HEATED: _____ GARAGE: _____ PORCH (ES): _____ OTHER: _____

DESCRIBE OTHER: _____

TOTAL SQUARE FOOTAGE: _____

NUMBER OF STORIES: _____ ELEVATOR: _____ FIRE PLACE(S) _____

NUMBER OF ROOMS: _____ NUMBER OF BATHROOMS: _____

NOTE:

IF COMMERCIAL AND HAS GAS PUMPS, HOW MANY PUMPS: _____

IF APARTMENT, HOW MANY UNITS: _____

ESTIMATION OF COST SHEET

TOTAL BUILDING COST: \$ _____

SUB-CONTRACTORS:

ELECTRICAL: _____ BUS. LIC. # _____ COST: \$ _____

LOW VOLTAGE: _____ BUS. LIC. # _____ COST: \$ _____

HVAC: _____ BUS. LIC. # _____ COST: \$ _____

PLUMBING: _____ BUS. LIC. # _____ COST: \$ _____

GAS INSTALL: _____ BUS. LIC. # _____ COST: \$ _____

OTHER: _____ BUS. LIC. # _____ COST: \$ _____

OTHER: _____ BUS. LIC. # _____ COST: \$ _____

SIGNATURE: _____ DATE: _____

UTILITIES

ELECTRIC COMPANY: [] GA. POWER [] REA

WHAT SIZE WATER METER ARE YOU REQUESTING IF LARGER THAN ¾"?
_____ METER SIZE

DO YOU WANT A TEMPORARY POWER POLE INSPECTION? [] YES [] NO

IF YES HOW MANY? _____

NOTE: TEMPORARY POWER POLE INSPECTION IS \$25.00

PLANNING AND ZONING INFORMATION

LEGAL DESCRIPTION

MAP NUMBER: _____

BLOCK NUMBER: _____

PARCEL NUMBER: _____

STREET ADDRESS: _____

SUBDIVISION: _____

PHASE: _____

PROPERTY IS ZONED: _____

SET BACKS:

FRONT: _____

REAR: _____

SIDES: _____

IS PROPERTY IN A FLOODZONE? [] YES [] NO

TYPE OF FLOODZONE _____ (i.e. AE11, AE12)

IF IN A FLOODZONE PLEASE INDICATE BFE: _____

PLANNING AND ZONING OFFICIAL

DATE: _____