

FOUNDATION SURVEY ATTACHED _____
 TREE PROTECTION PLAN ATTACHED _____
 SOIL EROSIAN PLAN ATTACHED _____
 INSPECTIONS _____
 SUBCONTRACTORS'
 AFFIDIVIT ATTACHED _____
 • HVAC _____
 • ELECTRICAL _____
 • PLUMBING _____

All subcontractors must be state licensed, must obtain permits for each job personally and show their license as contractors. The permit becomes null and void if the work on construction authorized by the Building Permit is not commenced within six months, or if construction or work is suspended or abandoned for a period of six months anytime after work is started.

For new Construction requiring a foundation survey:

Framing may not proceed until a foundation survey has been submitted and approved.

Survey submitted: _____ Approved by: _____
 Framing Permit Granted: _____ Zoning Administrator: _____

Personally appeared, _____ who on oath states that he or she is the applicant for the foregoing, and that all of the statements are true to the best of his or her knowledge, and that the work to be done therein will be done by contract with _____ and that the work will conform to the requirements and regulations of the City of Senoia Building Code and other Ordinances of the City of Senoia, Georgia. He or she understands that the issuance of a building permit is an authorization to proceed with the proposed work and does not relieve him or her of the above requirements and regulations.

I have read completely and understand this application.

Signed _____

Sworn and subscribed before: _____

Notary Public

This _____ day of _____, 20_____

My Commission Expires on _____



CITY OF SENOLIA
BUILDING DEPARTMENT
P. O. BOX 310
SENOIA, GA 30276
(770) 599-3679
(770) 599-0855 fax

HOMEOWNER AFFIDAVIT

(If homeowner wishes to waive the use of licensed trades, this form must be completed.)

This form must be completed, signed, notarized, and submitted to the Building Department prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision _____ Lot _____ Address _____

Builder _____

THIS IS TO CERTIFY THAT I AM THE HOMEOWNER FOR THE ABOVE REFERENCED PROPERTY, THAT I AM AWARE OF AND WILL FOLLOW ALL STATE AND LOCAL BUILDING CODES FOR THE BELOW REFERENCED JOBS THAT I AM COMPLETING ON PROPERTY THAT I OWN:

PLUMBING _____ ELECTRICAL _____ MECHANICAL _____

IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

PRINT NAME _____ SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISSION EXPIRES: _____



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BUILDING DEPARTMENT
P. O. BOX 310
SENOIA, GA 30276
(770) 599-3679
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SUBCONTRACTOR AFFIDAVIT

(This form is to be used when a subcontractor is not the one pulling the permit.)

This form must be completed, signed, notarized, and submitted to the Building Department prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision _____ Lot _____ Address _____

Builder _____

THIS IS TO CERTIFY THAT I HOLD THE STATE LICENSE CHECKED BELOW AND AM USING FOR THIS JOB:

PLUMBING _____ ELECTRICAL _____ MECHANICAL _____

COMPANY NAME _____ PHONE # _____

COMPANY ADDRESS _____

STATE LICENSE # _____ BUS.TAX/OCCUPATION CTF.# _____

IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

PRINT NAME _____ SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISSION EXPIRES: _____