

Please provide Name, Address & Phone Number for the following: (Should be filled out completely before review)

ARCHITECT: _____ Phone #: _____

Address: City, State, Zip: _____

CONTRACTOR: _____ Phone #: _____

Address: _____ City, State, Zip: _____

ELECTRICAL CONTRACTOR: _____ Phone #: _____

Address: _____ City, State, Zip: _____

PLUMBING CONTRACTOR: _____ Phone #: _____

Address: _____ City, State, Zip: _____

MECHANICAL CONTRACTOR: _____ Phone #: _____

Address: _____ City, State, Zip: _____

MOBILE HOME MOVER/INSTALLER: _____ Phone #: _____

Address: _____ City, State, Zip: _____

A Site Plan and two (2) complete sets of plans must accompany this application. This form must be filled out completely before consideration of application. Construction in some areas may impact wetlands and require a 404 permit from the Corps of Engineers. Permit Holder agrees to hold the City of Bloomingdale harmless on any construction covered by this permit resulting in construction in wetlands. This permit becomes null and void if work or construction authorized is not commenced within a six (6) month period.

In consideration of the granting of the above requested permit, I do hereby agree that I will in all respects construct the work in accordance with the above statement and the Plans and Specifications herewith submitted, and filed with the City of Bloomingdale, and in compliance with all the state and local laws and ordinances.

Signature of Applicant _____

Address _____

City, State & Zip Code _____

Contact Number _____

Email Address _____

APPROVED:

Building Inspector Date: _____

NOTES: _____

FEES	Permit No: _____
Permit Fee:	\$ _____
Driveway Fee:	\$ _____
Plan Review Fee:	\$ _____
Tap Fee:	\$ _____
Deposit Fee:	\$ _____
Impact Fee:	\$ _____
Total:	\$ _____
Date Paid:	_____



City of Bloomingdale

AUTHORIZATION OF PROPERTY OWNER

Application for Rezoning, Conditional Use, Variance, Site Plans & Subdivision Submittals

I, the undersigned, do hereby certify under penalty of perjury that I am the owner of the property which is the subject matter of the attached application, as shown in the records of Chatham County, Georgia

The agent/applicant stated below is authorized by this owner to apply for the request in this application.

PROPERTY OWNER

OWNER NAME	PHONE	EMAIL
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SIGNATURE OF OWNER	DATE
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AGENT/APPLICANT

AGENT/APPLICATION NAME	PHONE	EMAIL
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SIGNATURE OF AGENT/APPLICANT	PHONE	EMAIL
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