

City of Bloomingdale 8 W. Hwy 80 / PO Box 216 Bloomingdale, Ga. 31302 912-748-0970

BUILDING AND DEVELOPMENT PERMIT APPLICATION

| Т | TYPE OF PERMIT | | | | |
|---|---|------------------------|------------------------------------|--|--|
| Single Family In ground Pool Accessory Building - Size X Manufactured Home - Year | Multi-Family Demolition Moving of House Model | | _Commercial _Fence _Addition | | |
| Other | | | | | |
| Name of Applicant:(If applicant is not owner - attached owner authoriz | | Date: | | | |
| Owner: | (If different than applican | nt) | | | |
| Address of Building/Structure: | Foundation Dim | Foundation Dimensions: | | | |
| Lot #: Subdivision: | | Total Sq. Ft. of Lot: | | | |
| PIN #: Zoning: | Flood Zo | ne: | | | |
| Building will be set at the following setbacks: F_ | R | SS | | | |
| Heated Sq. Ft:Non-Heated Sq. Ft | t: Estimated | d Value: | | | |
| Total Sq. Ft. of Building / Addition: | No. of Stories: | | | | |
| Bedrooms: Bathrooms: | | | | | |
| ☐ Sewer ☐ Septic ☐ Sprinkler Syste | em 🗌 Fire Alarm | ☐ Automatic Fire C | ontrol System | | |
| ☐ Private Well ☐ Public Water | | | | | |
| USE: | | | | | |
| ☐ Single Family Residence ☐ Office | ☐ Duplex ☐ Factory | Screen Room | 1 | | |
| ☐ Apartment ☐ Storage Building ☐ Wareh | nouse Repair Garage | Private Garage | Church | | |
| ☐ Auto Storage ☐ Service Station ☐ | Accessory Building | | | | |
| Other: | | | | | |
| TYPE OF CONSTRUCTION: | | | | | |
| □ Frect □ Repair □ Alter □ | Make Addition To Demo | dish □ Move | | | |

| ARCHITECT: | Please provide Name, Address & Phone No | umber for the following: (Show | uld be filled out co | mpletely before review) |
|--|---|--|--|-----------------------------|
| CONTRACTOR: Phone #: | ARCHITECT: | Phone #: | | |
| Address: | Address: City, State, Zip: | , | | |
| ELECTRICAL CONTRACTOR: Phone #: | CONTRACTOR: | Phone #: | | |
| Address: | Address: | City, State, Zip: | | |
| PLUMBING CONTRACTOR: | ELECTRICAL CONTRACTOR: | Phone #: | | |
| Address: | 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 the permit resulting in construction in wetlands. This permit becomes null and void if work or construction authorized is no 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 Cit of Bloomingdale, and in compliance with all the state and local laws and ordinances. Signature of Applicant | PLUMBING CONTRACTOR: | Phone #: | | |
| Address: | Address: | City, State, Zip: | | · |
| MOBILE HOME MOVER/INSTALLER: | MECHANICAL CONTRACTOR: | Phone #: | | |
| Address: | Address: | City, State, Zip: | | |
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| City, State & Zip Code Contact Number Email Address FEES Permit No: | Signature of Applicant | | | |
| Contact Number | Address | | | |
| Email Address FEES Permit No: | City, State & Zip Code | | | |
| APPROVED: Building Inspector Date: NOTES: Tap Fee: Deposit Fee: Deposit Fee: Deposit Fee: Deposit Fee: Deposit Fee: Deposit Fee: | Contact Number | | <u></u> | |
| APPROVED: Building Inspector Date: Plan Review Fee: Tap Fee: Deposit Fee: Deposit Fee: | Email Address | | <u>FEES</u> | Permit No: |
| Building Inspector Date: Plan Review Fee: \$ | APPROVED: | | | \$ |
| NOTES: Tap Fee: \$ Deposit Fee: \$ | Building Inspector Date: | | | |
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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

PROPERTY OWNER

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

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