

<b>City of Nicholson</b> 175 Lakeview Drive Nicholson, GA 30565	<h1 style="margin:0;">Permit Application</h1>
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<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/ Addition	Date: ____ / ____ / ____	Permit No. _____
<b>ESTIMATED VALUE (Labor and Materials): \$ _____</b>		

<b>JOB SITE ADDRESS:</b>	<b>PROJECT NAME:</b>	<b>SUITE #:</b>
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Property Use:	P.I.N.:	Zoning Class.:
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Description of Work : \_\_\_\_\_  
 \_\_\_\_\_

<b>Property Owner</b>	Name:		
	Address:	Zip:	Phone:
			Email:

<b>General Contractor</b>	Name:	Ga License No.:
	Address:	Phone:
		Zip:
		Email:

Building Height: _____	Contact Person:	Design Professional:
Number of Units: _____	Phone:	Phone:
Flood Zone: <input type="checkbox"/> yes <input type="checkbox"/> no	Fax:	Fax:
	Email:	Email:

Total Heated Sq. Ft.: \_\_\_\_\_                      Total Unheated Sq. Ft.: \_\_\_\_\_

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.

Signature of Applicant or Permittee: \_\_\_\_\_                      Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		Code Official Signature:		
Construction Type:		Occupancy:	LDP Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Sq. Footage	Valuation Multiplier	Valuation \$	Total Valuation
Heated				
Unheated				
TOTAL				

Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____