Please take care to insure that the information for each checkbox below is sufficiently provided. The City of St. Marys does not accept incomplete applications.

- Completed application
- Site plan (two copies) prepared by a Georgia registered surveyor
- Foundation plan, including details on elevation and walls (if applicable)
- Floor plan (if applicable)
- Electrical plan (if proposed to be connected to electrical power)
- Plumbing plan (if proposed to be connected to city water and sewer)
- Mechanical plan (if proposed structure will be heated/cooled)
- Each contractor's license
- Copy of occupational tax licenses (i.e., business license) for each contractor
- Signed contract between applicant and contractor

Please note all information contained in this packet may not be applicable to your project. Should you have any questions, please contact Cheyanne Heron at 912-510-4032 or cheron@stmarysga.gov
Property Owner’s Authorization Letter

I (we): ________________________________________________
(Print Property Owners Name / Firm/Organization)

Hereby Authorize: __________________________________________
(Applicant - Name of Person to Sign Permit)

Representative of: ___________________________________________
(Applicant Company Name/ Organization)

To apply for, sign, and pick-up building permits for the following proposed work:

___________________________________________________________
(Description of Work to be Done)

Job Location: ________________________________________________
(Property Address)

As property owner (s), I (we) hereby grant permission to the applicant referenced above to apply for, sign, and pick-up the permit for the work indicated above. All work performed must meet all provisions of The City of St. Marys Building and Zoning Codes and the Laws of the State of Georgia, as applicable, whether specified or not. Contractors are required to have a Georgia Professional Contractors License.

___________________________________________________________
(Property Owner or Person with Power of Attorney Signature) (Date)

___________________________________________________________
(Printed Name) (Title)
HOMEOWNER NEW CONSTRUCTION, ADDITION, REMODEL, RENOVATION PERMIT AFFIDAVIT

Please complete all information in Ink or type. Upon submission this affidavit becomes part of the actual permit. Do not sign this affidavit unless in the presence of a notary.

STATE OF GEORGIA
County of Camden
City of St. Marys

PROPERTY ADDRESS: ________________________________________________ MAP/PARCEL NUMBER: _______________________

NAME OF SUBDIVISION: __________________________________________________ LOT NUMBER: __________________________

NAME OF PROPERTY OWNER: ______________________________________________ PHONE NUMBER _______________________

The undersigned hereby applies for special consideration as a property owner desiring to construct or alter his/her personal residence. In making this request for a "homeowner" permit, the undersigned states the following to be true:

• Property described in permit applications currently owned by the applicant.
• **Applicant resides/will reside in completed structure and does not plan to offer same for sale or rent for a period of two (2) years AFTER receiving a Certificate of Occupancy (applicable to New Construction only) per O.C.G.A. Section 43-41-17(C)(2)(h)**
• Applicant agrees (if applicable) accessory structure will be for its permitted use and not for a business or residence.
• Applicant will serve as the general contractor and accept inherent responsibilities for the work authorized by the issued permit.
• Applicant agrees to hire State of Georgia "licensed contractors" for all work that is further sub-contracted for electrical, mechanical, plumbing and low voltage and agrees permitting will be obtained prior to work beginning.
• Applicant agrees to perform work in accordance with all applicable codes and strictly adhere to the inspection schedule. Undersigned **acknowledges that inspections must be performed in an established sequence** and that work done in violation of the codes must be corrected or may be ordered removed.

Undersigned applicant acknowledges that he/she is aware that a permit issued under the provisions of the code may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based.

Undersigned applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 26-2402 (False Swearing) calls for a possible fine of not more than $1,000.00 or imprisonment for not less than one (1) nor more than five (5) years, or both.

Applicant’s Signature: __________________________________________________________ Date: ____________________

Sworn to and subscribed before me this________________ day of 20_____

________________________________________
State of Georgia
County of Camden
City of St. Marys

Notary Signature and Seal
My Commission Expires:
CITY OF ST. MARYS
BUILDING PERMIT APPLICATION

PERMIT NUMBER________________________________________________________ DATE APPLIED_____________________
PROJECT ADDRESS________________________________________________________ LOT #:_________________________
TAX PARCEL NUMBER_____________________________SUBDIVISION______________________________________________
OWNERS NAME ________________________________________________________PHONE_____________________________
ADDRESS___________________________________________________________________________________________CITY________________ STATE______ ZIP________________
CONTRACTORS NAME____________________________________________ EMAIL____________________________________
NAME OF BUSINESS_____________________________________________ PHONE___________________________________
ADDRESS________________________________________________________________________________________________CITY___________________________________ STATE___________ ZIP________________
CONTRACTORS LICENSE NUMBER ________________________________________ EXPIRATION ________________________
COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER_____________________________________________________
EXPIRATION DATE ON COUNTY/CITY LICENSE_____________

DESCRIBE REASON FOR PERMIT:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

ACTUAL COST: ________________________________________ COPY OF CONTRACT ATTACHED?________________________
(GENERAL CONSTRUCTION WORK INCLUDING TRADES)

SPECIAL CONDITIONS:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

SQUARE FOOTAGE:__________________________________ OCCUPANCY TYPE ______________________________________
CONSTRUCTION TYPE: _____________________________________________________________________________________

*****NOTICE*****
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS,
OR IF CONSTRUCTION OR WORK IS SUSPENDED, OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS
STARTED. WORK MUST BE COMPLETED WITHIN 24 MONTHS FROM DATE OF PERMIT ISSUANCE.

**PERMIT FEES ARE NON REFUNDABLE**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL
PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED
HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS
OF OTHER STATE OR LOCAL LAW

______________________________________________________                        ______________________
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT                                                     DATE