



City of St. Marys
Building Department
418 Osborne St, Georgia, 31558

NEW CONSTRUCTION PACKET BUILDING FROM GROUND UP

Please take care to ensure all information for each checkbox below is sufficiently provided. The city **will not accept incomplete applications.**

- Completed all applications for building, electrical, low voltage, mechanical, and plumbing permits
- Completed application
- Site plans/Survey/ Plats by GA surveyor (2 sets)
- Foundation included with plans (2) sets (including details of elevations and walls)
- Floor plan, electrical plan, plumbing plan, mechanical plan, low voltage plan
- Contractor's license provided
- Occupational tax certificate provided
- Occupational tax license for all trades
- Signed contract included between home owner & 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



Information and applications regarding permitting for residential and commercial projects :

Residential and commercial projects

Building

Electrical

Plumbing

Mechanical

Low voltage

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

Authorized Permit Agent Form

State of Georgia licensing board for residential and general contractors

License verification by permitting office should be verified by visiting www.sos.ga.gov and clicking on search for a professional license.

Licensed contractor: _____ Individual and/or _____ Qualifying agent

Name of licensed individual: _____

(please attach a copy of individual or company license reflecting company and qualifying agent license number)

License number of individual or qualified agent: _____

Name of licensed company (if applicable): _____

I, _____, hereby designate _____

(licensed individual or qualifying agent)

to apply for and obtain the permit(s) for the project at : _____

Street address

Apt/suite #	City	state	zip code
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Lot number: _____

I, swear the undersigned , being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent _____

State of _____, County of _____

Subscribed and sworn before me this ____ day of _____ 20 ____

Signature of notary public _____

Expiration of notary _____

Seal



HOMEOWNER NEW CONSTRUCTION, ADDITION, REMODEL, AND RENOVATION PERMIT

AFFIDAVIT

PLEASE COMPLETE ALL INFORMATION IN BLACK 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

PERMIT NUMBER: _____

COUNTY OF CAMDEN

DATE RECEIVED: _____

CITY OF ST. MARYS

PROPERTY ADDRESS: _____ MAP/PARCEL 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 application is 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 permits 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 preformed 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 the material fact in the application on which the permit was based.

Undersigned applicant further acknowledges 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 a \$1000.00 or imprisonment for not less than one(1) nor more than five(5) years, or both.

Applicant's signature: _____

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

Notary signature and seal

My commission expires:



CITY OF ST.MARYS
BUILDING PERMIT APPLICATION

BP

PERMIT NUMBER: _____ DATE APPLIED: _____

PROJECT ADDRESS: _____ LOT# _____

TAX PARCEL NUMBER: _____

SUBDIVISION: _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR'S NAME: _____ EMAIL: _____

NAME OF BUSINESS: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR'S LICENSE #: _____ EXPIRATION: _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE &NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE: _____

DESCRIBE REASON FOR PERMIT: _____ NUMBER OF BEDROOMS: _____

ACTUAL CONTRACT 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 SIX MONTHS AT ANY TIME AFTER WORK IS STARTED. WORK MUST BE COMPLETED WITHIN 24 MONTHS FROM THE DATE OF PERMIT ISSUANCE.

***PERMITS 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

___/___/20___
DATE



ELECTRICAL LOW VOLTAGE PERMIT APPLICATION

PERMIT NUMBER _____ DATE APPLIED _____

PROJECT ADDRESS _____

CONTRACTORS NAME _____ PHONE # _____

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STATE LICENSE NUMBER _____ EXPIRATION _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE _____

WRITE A DESCRIPTION OF THE WORK TO BE COMPLETED:

ACTUAL COST: _____

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

DRAWINGS ATTACHED: _____ NO _____ YES

Licensee signature: _____ Date: _____



PLUMBING PERMIT APPLICATION

PERMIT NUMBER _____ DATE APPLIED _____

PROJECT ADDRESS _____

CONTRACTORS NAME _____ PHONE # _____

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STATE LICENSE NUMBER _____ EXPIRATION _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE _____

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING::

ACTUAL COST: _____

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

DRAWINGS ATTACHED: _____ NO _____ YES

Licensee signature: _____ Date: _____



Electrical Permit Application

PERMIT NUMBER _____ DATE APPLIED _____

PROJECT ADDRESS _____

CONTRACTORS NAME _____ PHONE # _____

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STATE LICENSE NUMBER _____ EXPIRATION _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE _____

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING::

ACTUAL COST: _____

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

LOW VOLTAGE WIRING ON THE PROJECT: _____ NO _____ YES

(IF YES, PLEASE COMPLETE THE LOW VOLTAGE APPLICATION)

DRAWINGS ATTACHED: _____ NO _____ YES

IS THIS FOR RECONNECTION OF DISCONTINUED SERVICE: _____

Licensee signature: _____ Date: _____



MECHANICAL PERMIT APPLICATION

PERMIT NUMBER _____ DATE APPLIED _____

PROJECT ADDRESS _____

CONTRACTORS NAME _____ PHONE # _____

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STATE LICENSE NUMBER _____ EXPIRATION _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE _____

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING::

ACTUAL COST: _____

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

DRAWINGS ATTACHED: _____ NO _____ YES

Licensee signature: _____ Date: _____