

CITY OF ST. MARYS, GEORGIA

Mechanical Permit Packet

Community Development Department
418 Osborne Street - (912) 510-4032

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

Mechanical Plan

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 Building Department at 912-510-4032 or email buildinginspections@stmarysga.gov



CITY OF ST. MARYS

418 OSBORNE STREET
ST. MARYS, GEORGIA 31558
COMMUNITY DEVELOPMENT: 912-510-4032

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: _____



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Property Owner's Authorization Letter

I (we): _____

Hereby Authorize: _____

Representative of: _____

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

Job Location: _____

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 as 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)

