



City of Locust Grove

Community Development Department

P.O Box 900

Locust Grove Georgia 30248

(770) 692-2321 (Office)

(770) 692-2327 (Fax)

RESIDENTIAL CHECK LIST

1. _____ The General Contractor shall file with the Community Development Department, two sets of house plans this includes all the plans that are going to be used to create a master file.
2. _____ Building Application filled out completely and signed.
3. _____ Submit with the application the General Contractors State License, Occupation Tax Certificate, and Drivers License that is current. *And register with the City of Locust Grove Business License Clerk (Cathy Martin).*
4. _____ Box Check for Site
5. _____ Application for residential trades; is Affidavit Application. State License, Occupation Tax Certificate, and Drivers License that is current for each trade to create with the master file. First time submittal and renewals
6. _____ A fee of .25 per total square footage plus \$225.00 for the trade will be the permit fee. *(Check made payable to the City of Locusts Grove)*
7. _____ A development impact fee will need to be paid prior to obtaining a permit. *(A receipt is required of payment)*
8. _____ A water and sewer impact fee will need to be paid prior to obtaining a permit. *(A receipt is required of payment)*
9. _____ If your submittal includes a Septic Tank or Swimming Pool; application must be made with Henry County Environmental Health Department.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE REQUIREMENTS

SIGNED: _____ DATE: _____ PHONE: _____

City of Locust Grove, Georgia

Community Development Department

Combined Trades Master One and Two Family Residential Building Permit

Date: _____

NOTICE: APPROVED PLANS, CONSISTING AT A MINIMUM OF DIMENSIONED FLOOR PLANS AND ELEVATIONS, ARE REQUIRED PRIOR TO APPROVAL OF BUILDING PERMIT AND ARE PREFERRED TO BE REVIEWED PRIOR TO APPLICATION FOR BUILDING PERMIT. APPLICANT IS TO COMPLETE ALL ITEMS, USING N/A FOR ANY OPTIONAL ITEMS NOT APPLICABLE.

Job Address: _____ Lot Number _____

Subdivision _____

Property Owner: _____ Address: _____ Zip _____

Wk Phone: _____ Fax: _____ Cell: _____

24 HOUR CONTACT: Name: _____ Phone: _____

SUB-CONTRACTORS INFO

<u>Name/Business</u>	<u>State License# /Exp Date</u>	<u>Phone</u>
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Electrical: _____

Plumbing: _____

Mechanical: _____

NOTICE: USE OF SUBS THAN LISTED IN CONJUNCTION WITH THIS PERMIT REQUIRED FORMAL AMENDMENT OF THE PERMIT AND PRIOR APPROVAL OF THE CITY. FAILURE TO SECURE MAY RESULT IN STOP-WORK ORDER, FINE AND/OR OTHER MEASURES, INCLUDING REVOCATION OF PERMIT AND/OR PROBATIONARY PERIOD PRIOR TO APPROVAL OF SUBSEQUENT PERMITS FOR BOTH CONTRACTOR AND UNAUTHORIZED SUB-CONTRACTOR.

BUILDING ELEVATION

Front: _____ Rear: _____
 Left: _____ Right: _____

No. of Street Trees to be planted: _____

Type Construction: _____ #Rooms _____ #Bedrooms _____ #Baths _____

Number of Stories: _____ Zoning: _____ Subdivision Restrictions(Y/N): _____ Sewer(Y/N): _____

Total Square Footage: _____ Heated: _____ Unheated: _____ Construction Value \$ _____

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT, OR FROM THE TIME OF THE BEGINNING OF THE FIRST WORK, WHICHEVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS WORK, WHETHER FOR BASIC SERVICES OR ADDITIONAL SERVICES, TO PERSONS OR PROPERTY. THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE CITY FROM AND AGAINST ALL CLAIMS OR ACTIONS, AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION AND ACTIONS, BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONING CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT OR FOR ANY AND ALL CLAIMS FOR DAMAGES UNDER THE LAWS OF THE UNITED STATES OR OF GEORGIA ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE CITY, THE DEFENSE OF ANY AND ALL CLAIMS, LITIGATIONS, AND ACTIONS, SUFFERED THROUGHOUT ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT.

PLEASE PRINT NAME _____ APPLICANT'S SIGNATURE _____ DATE _____

DO NOT COMPLETE THE FOLLOWING - OFFICE USE ONLY

SETBACKS FROM PROPERTY LINES:

LEFT: _____ RIGHT: _____ FRONT: _____ REAR: _____ COST OF PERMIT: _____

PERMIT ISSUED BY: _____



City of Locust Grove

Community Development Department

To: Builders, Developers, Contractors and Subcontractors

From: Community Development Department

Date: August 09, 2010

Subject: **Building Permit (Combined Residential)**

The following items will be needed for a combined residential building permit:

- **City of Locust Grove combined residential building permit application**
- **Proof of payment for the Water and Sewer Tap**
- **Contractor Affidavit forms (one for each trade electrical, plumbing and H.V.A.C) with original signature in blue ink.**
- **A copy of the tradesman current state card, business license and drivers license,(one for each trade ,electrical, plumbing and H.V.A.C)**
- **Three (3) sets of house plans, letter size or (11 " x 17")**
- **Foundation survey (if required by Building Inspector)**

All applications must be completed in full to be accepted for processing. These items must accompany each application to be accepted for processing. A copy of these items will need to be submitted with each permit that is applied for. If you have any questions please call 770 692-2321 (building dept.)

Thank you,
Building Dept.



City of Locust Grove
 Community Development Department
 General Contractor Affidavit

NOTICE: This form must be completed, signed notarized and submitted to the Community Development department prior to commencing work or 24 hours prior to requesting inspection.

MASTER PERMIT NUMBER _____ **DATE ISSUED** _____
 (if applicable)

SUBDIVISION or BUSINESS NAME _____ **LOT# or SUITE#** _____

ADDRESS _____

THIS IS TO CERTIFY THAT I AM RESPONSIBLE FOR OVER-SEEING THESE TRADES OF THE PROJECT.(PLEASE ANSWER YES OR NO).

Electrical _____ Plumbing _____ HVAC _____

GEORGIA STATE LICENCES # _____ EXP: _____

CHECK BELOW THE TYPE OF LICENSE YOU HOLD W/STATE NUMBER. CHECK BELOW THE TYPE OF LICENSE YOU ARE USING FOR THIS PROJECT.

- General Contractor# _____ GC Qualifying Agent# _____ Low Voltage# _____
- Residential/Basic contractor# _____ Mechanical# _____ Electrician# _____
- Residential/Light Commercial Contractor# _____ Plumber# _____

In the event of any changes in my status on this project, I understand that I will be held responsible for this project until I have notified the Community Development Department, in writing, of the changes.

GC Name _____ GC Signature _____ Date: _____

Company Name _____ Address _____

Phone _____ City _____ Zip _____

Occupation Certificate # _____ Exp: _____

Jurisdiction where Occupational Tax Certificate is held: _____

Sworn before me and subscribed

Is _____
 In my presence this _____ day
 Of _____ 20 _____

(SEAL)

 (Notary Signature)

 (Date of Notary Expiration)



HVAC PERMIT AFFIDAVIT

Applicant hereby applies for an H.V.A.C permit associated with:

PERMIT #: _____

JOB SITE: _____

LOT #: _____

S/D: _____

BUILDER: _____

The undersigned states the following to be true:

H.V.A.C Sub-Contractor
License Holder _____

Business Name _____

Georgia State License # _____

Phone # _____

(Please Print or Type)

(License Holder Signature)

(SEAL)

Sworn before me and subscribed
in my presence this _____ day
of _____ 20 _____

Notary



ELECTRICAL PERMIT AFFIDAVIT

Applicant hereby applies for an electrical permit associated with:

PERMIT #: _____

JOB SITE: _____

LOT #: _____

S/D: _____

BUILDER: _____

The undersigned states the following to be true:

Electrical Sub-Contractor License Holder _____

Business Name: _____

Georgia State License # _____

Phone# _____

(Please Print or Type)

(License Holder Signature)

(SEAL)

Sworn before me and subscribed
in my presence this _____ day
of _____ 20 _____

Notary



PLUMBING PERMIT AFFIDAVIT

Applicant hereby applies for a plumbing permit associated with:

PERMIT #: _____

JOB SITE: _____

LOT #: _____

SUBDIVISION: _____

BUILDER: _____

The undersigned states the following to be true:

Plumbing Sub-Contractor
License Holder: _____

Business Name: _____

Georgia State License: # _____

Phone: # _____

(Please Print or Type)

(License Holder Signature)

(SEAL)

Sworn before me and subscribed
in my presence this _____ day
of _____ 20 _____

Notary