

**CITY OF CLEVELAND**  
**BUILDING AND PERMITTING DEPARTMENT**  
**PERMIT APPLICATION**



**IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I – V**

<b>FOR OFFICE USE ONLY</b>		
Permit No.:	_____	
Plan No.:	_____	
Tax Map:	_____	Parcel #. _____
BUILDING	HOUSING	DEMO
OTHER _____	_____	
Zoning _____	Const. Class _____	
Zoning Fee Only _____	Date _____	
Plan Processing Fee _____	Date _____	
E & S Fee _____	Date _____	
Permit Fee _____	Date _____	
<b>PERMIT COST</b>		
Plan Processing Fee _____	_____ x _____ = \$ _____	
Permit Fee _____	_____ x _____ = \$ _____	
_____ x _____ = \$ _____	_____ x _____ = \$ _____	
<b>Additional Fees</b>		
Reinspections _____	_____ x \$25.00 = \$ _____	
C.O. Fee _____	= \$ _____	

<b>I. PROJECT ADDRESS:</b>	Residential _____	Commercial _____
FLOOR _____	SUITE _____	

<b>II. A NATURE OF JOB</b>		
NEW _____	ADDITION _____	OTHER _____
RENOVATION _____	DEMOLITION _____	
Change of use – indicate former use: _____		

<b>II. B DIMENSIONS</b>	
Width _____	
Length _____	
# of stories and/or height _____	
Floor area _____	
Work area _____	
Job Valuation \$ _____	

<b>III. CONSTRUCTION COST</b>	
New =	\$ _____
Addition =	\$ _____
Renovations =	\$ _____
Electrical =	\$ _____
Plumbing =	\$ _____
HVAC =	\$ _____
Fire Protection =	\$ _____
Land Disturbing	\$ _____
Other =	\$ _____
<b>TOTAL COSTS =</b>	<b>\$ _____</b>

**IV. DESCRIPTION BY APPLICANT (Describe in detail proposed work and use of property.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. IDENTIFICATION (Please print legibly)**

NAME	ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL
Property Owner					P. _____
					E. _____
Lessee					P. _____
					E. _____
Contractor					P. _____
					E. _____
Architect/ Engineer					P. _____
					E. _____
Contact Person					P. _____
					E. _____

Signature of Contractor (or Owner)

Application Date

Signature of Applicant

Date

Contractors License Number

**AD VALOREM TAX INFORMATION**

Taxpayer's Name: \_\_\_\_\_

Map#: \_\_\_\_\_ Parcel #: \_\_\_\_\_

All property taxes on the above map and parcel number were paid on: \_\_\_\_\_

Tax Clerk's Signature: \_\_\_\_\_

**CONTRACTOR'S AFFIDAVIT**

The undersigned hereby states that all subcontractors listed below are licensed by the State of Gerogia and has a current Occupational License to perform work in the category listed. Applicant acknowledges that he/she is aware that a permit issued under these provisions may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based. Applicant further acknowledges that he/she is aware that any knowingly false statements made in affidavit will subject said applicat to possible prosecution. GA. Criminal Code Section 26-2402 (False Swearing) calls for a possible fine of not more than \$1000.00 or imprisonment for not less than one (1) and not more than five (5) years or both.

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractors:

Electrical: _____	State #: _____	Occ. Lic.: _____
Plumbing: _____	State #: _____	Occ. Lic.: _____
Heating & Air: _____	State #: _____	Occ. Lic.: _____
Mechanical: _____	State #: _____	Occ. Lic.: _____
Grading: _____	State #: _____	Occ. Lic.: _____
E&S Level 1A: _____	State #: _____	Occ. Lic.: _____

**APPLICATION AGREEMENT**

Application is hereby made according to the laws and ordinances of the City of Cleveland, Georgia. If a permit is issued, I agree to conform to all laws and ordinances regulating the same. By my signature below, I certify the application and the attached data is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Cleveland representative

\_\_\_\_\_  
Date

*Neither the approval of a permit under the provisions of this ordinance, nor the compliance with the provisions of this ordinance shall relieve any person from the responsibility for damage to any person or property otherwise imposed by law nor impose any liability upon the City of Cleveland for damage to any person or property.*

**FOR OFFICE USE ONLY**

Reference Permit # \_\_\_\_\_

All applicable departments should review and sign the application as being approved or approved with comments.

<u>Department</u>	<u>Reviewer</u>	<u>Date</u>
Permit Committee		
Water/Sewer		
City Engineer		
Health Dept		
Soil Conservation		
Fire Marshal		

Please note all comments, date, and sign. If necessary, all comments will be forwarded to the applicant or the proper departments.

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments \_\_\_\_\_  
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 \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approval Date \_\_\_\_\_

Required Fees \$ \_\_\_\_\_

Additional Inspection Fees \$ \_\_\_\_\_

Certificate of Occupancy \$ \_\_\_\_\_

Issued: \_\_\_\_\_