



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

85 South Main St. Cleveland GA 30528
706-865-2017 opt 2
permitting@clevelandga.org

Submission Date:

Permit Number:

**IMPORTANT: APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I – VII
INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. THIS INCLUDES FAILURE TO INCLUDE REQUIRED
SIGNATURES AND LICENSES.**

I. CONTACT INFORMATION

Property owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Property Lessee _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Contractor: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Architect/Engineer: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

II. PROJECT ADDRESS: _____

Electric Service Provider: Habersham Electric (HEMC)

Georgia Power

III. NATURE OF JOB – SELECT ALL THAT APPLY

RESIDENTIAL

NEW

ADDITON

COMMERCIAL

RENOVATION

TEMOPORARY USE

FOUNDATION

UTILITY/ACCESSORY BUILDING

OTHER: _____

IV. DIMENSIONS

Width: _____	Length: _____
Number of stories and/or height: _____	
Heated square footage: _____	
Unheated square footage: _____	
Accessory Building: _____	

V. CONSTRUCTION COSTS

New:	\$	_____
Addition:	\$	_____
Renovation:	\$	_____
Electrical:	\$	_____
Plumbing:	\$	_____
HVAC:	\$	_____
Fire protection:	\$	_____
Total:	\$	_____

VI. DESCRIPTION OF PROJECT (describe in detail proposed work and use of property)

VII. CONTRACTOR’S AFFIDAVIT

The undersigned hereby states that all subcontractors listed below are licensed by the State of Georgia and has a current Occupational/business license to perform work in the category listed. Applicant/contractor/owner acknowledges that he/she is aware that a permit issued under these provisions may be revoked for false statements or misrepresentations as to the material fact in the application on which the permit was based. The applicant/contractor/owner further acknowledges that he/she is aware that any knowingly false statements made in affidavit will subject said applicant/contractor/owner to possible prosecution. Georgia 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 and not more than five years or both.

Contractor’s Printed Name

Contractor’s Signature

Date

Contractor’s State License

Contractor’s Occupational License number

Subcontractors:

Electrical:	State Lic:	Occ. Lic.:
Plumbing:	State Lic:	Occ. Lic.:
Heating & Air:	State Lic:	Occ. Lic.:
Mechanical:	State Lic:	Occ. Lic.:
Grading:	State Lic:	Occ. Lic.:
E&S Level 1:	State Lic:	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 regulation the same. By my signature below, I certify the application and the attached data is true and correct.

Applicant's Name (printed) Applicant's signature Date

Owner's Name (printed) Owner's signature Date

City of Cleveland Representative Signature Date

Neither of the approval of a permit under the provisions of this ordinance, or 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.

AD VELOREM TAX INFORMATION

Taxpayer's Name: _____

Tax Map: _____ Parcel: _____

All property taxes on the above listed tax map and parcel number were paid on: _____

White County Tax Clerk's Signature

******* FOR OFFICE USE ONLY *******

Permit Number: _____

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

Department	Reviewer	Date
Permit Committee		
Water/Sewer		
City Engineer		
Health Dept.		
Soil Conservation		
Fire Marshall		

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

Comments:

Base fee	\$
Heated Square Footage	\$
Unheated Square Footage	\$
Additional inspections	\$
Certificate of Occupancy/Completion	\$
Total	\$