

RESIDENTIAL IMPROVEMENT PERMIT APPLICATION

This application is not for decks, pools or new one and two family dwellings.



Building Department

25 LaGrange Street
Newnan, GA 30263
Ph. 770-254-2362 Fax 770-254-2361
Email – canderson@cityofnewnan.org



Project Address: _____
Number and Street Subdivision

Occupant Name and Contact #: _____
Name Contact Phone Number

Contractor Name and Contact #: _____
Name Contact Phone Number

Project: Detached Garage or structure greater than 200 square feet - *site plan required, signed off by zoning - construction drawing required, including foundation to be submitted to building dept.*

Addition or Attached Garage that **will** increase roof area or house footprint - *site plan required, signed off by zoning - construction drawing required, including foundation to be submitted to building dept.*

Alteration or Renovation that will **not** increase roof area or house footprint – *site plan usually not required (a small percentage of these projects will require a site plan signed off by zoning) construction drawing required to be submitted to building dept.*

Basement Finish-Out Gas Appliances in project area? yes no

Basement studs installed? yes no

Exterior walls currently insulated? yes no

Bathroom stubbed-up? yes no

Proposed bedrooms contain operable window/door that leads directly outside? yes no

Total square footage of improved area: _____ Estimated cost of project: _____

Is there an automatic sprinkler system in this house? yes no

Description of project: _____

Include a drawing of work to be done, showing all walls, windows, doors and gas appliances. Show footing sizes, lumber sizing and spacing, beam dimensions and spans if they are used in your project. Dimensions must be shown and drawing shall be to scale, (a permit will not be issued without a drawing). A graph sheet and a nomenclature sheet are provided for your use.

I hereby certify that I am the owner occupant of subject property and HVAC, Plumbing and Electrical contractors are required to pull their own permits. I understand that I am to phone in all inspections for this project, and will be responsible for complying with all construction codes as adopted by the State of Georgia DCA.

Signature of Owner Occupant or Contractor

Date

OCCUPIED OWNER AFFIDAVIT



Building Department

25 LaGrange Street
Newnan, GA 30263
Ph. 770-254-2362 Fax 770-254-2361
Email – canderson@cityofnewnan.org



Project Address _____

Owner's Name _____

The City of Newnan, in an attempt to satisfy requests from owners to perform work on owner-occupied property and in considering the safety and welfare of the general public, ask that you read and agree to each of the following statements before receiving a permit.

Please initial each statement acknowledging the following:

1. As an owner-builder I must abide by all zoning ordinances in affect at the time of the permit application _____.
2. All construction must be in accordance to the construction codes at time of permitting as defined and adopted by the State of Georgia Dept. of Community Affairs _____.
3. The Building Official and the inspectors are not to design or provide professional building advice for this project _____.
4. As General Contractor for this project, I am to phone in all inspections before cover-up _____.
5. The City of Newnan nor the Building Department will not mitigate any contract disputes that may arise with sub-contractors _____.
6. Any compensated person or company for work performed are required to have a business license, and HVAC, Plumbing, and Electrical contractors are to pull their own permits _____.
7. Employed persons injured on this project are entitled to workers compensation benefits _____.

I hereby certify that I am the owner occupant, have read, understand and initialed the above statements.

Signature of Owner Occupant

