



**MACON-BIBB COUNTY
BUSINESS DEVELOPMENT SERVICES**
200 Cherry Street, Suite 202
Macon, GA 31201
(478) 803-0470

**RESIDENTIAL
BUILDING PERMIT
APPLICATION**

PROJECT INFORMATION

Job Site Address: _____ Unit #: _____

<input type="checkbox"/> New Dwelling		<input type="checkbox"/> Existing Dwelling	
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Manufactured Home	
<input type="checkbox"/> Addition	<input type="checkbox"/> Interior Alterations/Renovations	<input type="checkbox"/> Accessory Building	

TOTAL Heated Sq. Ft: _____ TOTAL Unheated Sq. Ft: _____ Number of Stories: _____

TOTAL Sq. Ft of Accessory Building: _____ TOTAL Construction Area Sq. Ft: _____

ESTIMATED COST VALUE (Including Labor and Materials): \$ _____

Please Check the Below Subcontractor Trades Covered Under This Permit.

<input type="checkbox"/> Electrical	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing
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GENERAL CONTRACTOR

Business Name: _____

Address: _____

Phone: _____ Email: _____

PROPERTY OWNER

Name: _____

Address: _____

Phone: _____ Email: _____

CONTACT PERSON

Name: _____

Phone: _____ Email: _____

I acknowledge that submission of this application does not ensure issuance of a permit to construct. Furthermore, this application for a permit does not grant or imply the right to start construction without the issuance of the permit. Starting work prior to the permit issuance may result in the issuance of a Stop Work Order and/or criminal citation with penalties and fees being assessed by Macon-Bibb County.

Signature of Licensed Cardholder: _____ Date: _____

FOR OFFICE USE ONLY

Notes:

Permit Fee: \$	Permit Tech:	Permit #:
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