|  |
| --- |
| Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Permit $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**DECATUR COUNTY**

**PERMIT APPLICATION**

**JOB ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER/**    **APPLICANT** | NAME: |  | PHONE: |
| MAILING ADDRESS: |  |  |
| CITY: | STATE: | ZIP: |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRACTOR/**    **HOMEOWNER** | CONTRACTOR/OWNER: |  | LICENSE #: |
| PHONE: | EMAIL: |  |
| COMMENTS: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BUILDING USE:**     RESIDENTIAL     COMMERCIAL     OTHER | **WORK DESCRIPTION:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ENV. HEALTH APPROVAL NEEDED OR REQUIRED     YES  NO |
|  WATERSHED PROTECTION AREA | | **FLOOD HAZARD AREA:**  YES  NO IF YES, *Submit elevation certificate* | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **CLASS OF WORK: (CIRCLE ONE)** | | |  |  |  |  |
| NEW CONSTRUCTION | ADDITION | REMODEL | ROOFING | ELECTRICAL | PLUMBING | HVAC | MOBILE HOME | POOL | OTHER |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I will save, indemnify, and keep harmless Decatur County, its offices, employees, and agents against all liabilities, judgments costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the owner that application complies with all covenants, conditions, and restrictions.    All work performed in accordance with applicable codes and/or ordinances requirements.    **This permit becomes invalid if the authorized work is not commenced within 180 days after issuance of the permit.**    *All fees are* ***non-refundable*** *and* ***non-transferable.***    ***Separate permits are required for electrical, plumbing, heating, HVAC, or any work other than building.***    I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.     |  | | --- | | **A 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS. CALL 229-400-9182 TO SCHEDULE AN INSPECTION.** |           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor/Homeowner Signature** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ESTIMATED VALUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Labor & Materials)    PERMIT FEE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **NEW**    **CONSTRUCTION** | | **SQUARE FOOTAGE:**      HEATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UNHEATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | PLAN REVIEW FEE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (if submitted) | |     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Application accepted by** |