

Permit # 23-070
Date: 3/3/23

REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work will be started until the permit is issued.

Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same.

Job Location Mary Eco	a de	Subdivision	Lot # <u>\$70</u>
Property Owner:	envel Perce 510	Zoning Classification	on
Type of plans submitted		Construction to be started	ed no later than
Estimated Building Cost: \$	18,000		
Describe work being done: _	Replacing Long	es OF Siding/Barne	y/cne parens.
Width of Lot.	NIX	Width of Buildings	11/5
Width of Lot: Depth of Lot:	ALLA	Width of Building: Length of Building:	10/1
Type of Sewage:	10/0	Total Floor Area:	ALIA
Material of Roof:	Shingals	Heated Floor Area:	AI/A
Walls- Siding (circle)	WOOD COMBINATION	SIDING STUCCO STONE BR	ICK MASONARY BRICK
Trans Graing (Grisis)	<u> </u>		
- 11 10 15 1	S	0:1. 10 (D 1	
Front Yard Set-Back		Side Yard Set-Back	
Back Yard Set-Back		Side Yard Set-Back	
General Contractor:	icard Recon	GA Lic #: _	
Address: \$70 Mac) Phone Number 678-72	For de Richard	0.64 3023	
Phone Number 676-32	11- 1452	Cell #: 678-776-81	667
	7		
Subcontractors:			
Electrical		Phone:	
Plumbing		Phone:	•
HVAC		Phone:	
NOTE: All Sub-Contractors Must Be Sta	ate Licensed And Must Permit Ea	ch Job Personally. We Require Proof	they are licensed.
LISE OF SLIBS OTHER TH	ANTISTED IN CONTINCT	ON WITH THIS PERMIT REQUIE	RES FORMAL AMENDMENT OF
THE PERMIT AND PRIOR APPRO			
AND/OR OTHER MEASURES, IN			
APPROVAL OF SUBSEQUENT PE			DRIZED IS NOT COMMENCED
WITHIN 6 MONTHS, OR IF CONST			
ANY TIME AFTER WORK IS STAR	TED.		
		It and the second law area disc.	. 4
I hereby certify that I have rea provisions of laws and ordinal			
specified herein or not. The			
cancel the provisions of any	other state or local law	regulating construction or	the performance of related
requirements.		1 0	
		1/1/2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CONTRACTOR/OWNER SIG	NATURE:	e (pu)	DATE 3-3-23
Plan Approval	Permit Appre	oval	Date
TOTAL PERMIT FEE: 44	b.100 *	- Double From	
	044 4 404	Jun 100	
For Inspections Call 770-964-2	244 ext. 401	1, = = = 02	M
Permit:	\$ 480-00 1-H	-Double Fee: \$ 25	,.00





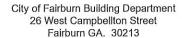


Permit # 23-071

Date: 3/7/23

HVAC PERMIT APPLICATION

		1 210/111011	
Notice: This form must be completed, signed and submitted before work may commence.			
Property Address: 319 Rivertown Rd, Fairburn, Ga 30213			
Property Owner: A	nthony Jacobs, Jr		
HVAC Contractor:		_ Master License #	CN210318
Address of Contract	1305 Chastain Rd STE 500 Kennes	Telephone #: _	770-594-9969
			2.45、17.46、有情情感情况等于12.
Heating Units		Refrig/AC Units	
# of Units	1	# of Units	
Name		Name	
Model #	DM96VC1005C		DX17VSS60
BTU		Tons	5
Heat Loss		Heat Gain	
CFM		CFM	
Fans		Grease Hoods	
# of Units		# of Units	
H.P.		Sq. Feet	
CFM			
CFM Required			
Gas Pipe Gas Range			
Gastipe		Outlets	
# of Units		# of Outlets	
Total BTU of Pipe:			
Total BTO OFF Ipe.		l	
Briefly Summarize t	he Job:	ystem.	
Briony Guilliana			To an and a second
(Estimated Job Cost) \$6600.00 (Permit Fee)			
Signature of Applicant: Parrish Date:			
For all inspections	noll (770) 064 2244 avt 404 Janua	otione will be perfe	rmod within 24 hours of
For all inspections call (770) 964-2244 ext 401. Inspections will be performed within 24 hours of request, excluding weekends and holidays. Re-inspection fees: \$50.00/100.00/150.00. Late permits subject to increased fees.			
Vermit'.	\$110.00 / Adm	fle; F2	2.00





Date: 3/06/2023

Electric, Mechanical and Plumbing Permit Application

ellill	ir Ab	hirce	ILIOIT						
Property Ov	roperty Owner: Trent Wiens								
ocation Address: 592 Fayetteville Rd Fairburn, GA 30213									
Contractor: KD Electric									
Address:		averford i	mill cove Lilbu	ırn, GA 30	0047	Email:	Kd@kdele	ectricservices.c	om
Phone#:	Street 678 480 4	724		City,	ZIP	License#:	EN216602	2	
			<u>Information of</u>	-		27 29	6-464 (40) 747 P)	
Syster ☑ Ele	m Modific ctrical	ations	☐ Mechanical		□ Plu	mbing	□ Wa	ter/Sewer	
							e	☐ Repair Serv —	ice
☐ Me ☐ Plu ☐ Ot	ımbing Re	Change Ou pair 🔲 I	t □ New Mecl New Plumbing	hanical □ □ Water I] Low` Heater	Voltage □ □ Gas Se]New Electi ervice □ N	ric Circuits New Gas Piping	
Detail of V	Work: 1 a	am doing	a service upg	grade/ sm	oke de	etectorss/	AFCI and C	GFCI breakers	/
updatin	g ground	ding syste	em and surge [protection	١.			Ł	
ELECTRIC, ME STATE OR LOC FEES. THIS P	TIFY THAT I H CHANICAL OR AL LAW REGU ERMIT BECON	AVE READ AN PLUMBING P JLATING CONS MES NULL AN	ERMIT DOES NOT PRE STRUCTION OR THE PE D VOID IF WORK AUT NTHS AT ANY TIME AFT	PLICATION AND SUME TO GIVE RFOMANCE OF FHORIZED IS N FER WORK IS S	KNOW TH AUTHORI RELATED IOT COMM	HE SAME TO BE TY TO VIOLATE REQUIREMENT: MENCED WITHII	TRUE AND CORRI OR CANCEL THE S. LATE PERMITS N 6 MONTHS, OF	ECT. THE GRANTING C PROVISIONS OF ANY ARE SUBJECT TO INCR R IF WORK IS SUSPEN	OTHER EASED
CONTRAC	TOR SIGN	ATURE:	kent di	2p		1	DATE: 3/06/2	2023	

This is to certify that I will personally supervise this installation

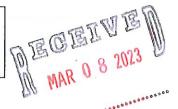


Permit #_ 23-073

Date: 3/10/23

Property Owner: DCT South Creek Eagles Landing LLC
Location Address: 1555 Oakley Fudustrial Blud Fairburg 6A 30213
Contractor: Phillips Electrical Mechanical
Address: 4912 Summer OAK On Buford GA 30518 Email: JScoggins @ Phillipselectrical.con Street City, ZIP Phone#: 678.546:3799 License#: 001984 478 319 6089
<u>Information on Project:</u> (✓ All That Apply)
Commercial Residential (1 or 2-Family Dwelling)
System Modifications ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Water/Sewer
☐ Electric Service ☐ New service ☐ Upgrade Service ☐ Repair Service Amps Utility Co
 ☐ Mechanical Change Out ☐ New Mechanical ☐ Low Voltage ☐ New Electric Circuits ☐ Plumbing Repair ☐ New Plumbing ☐ Water Heater ☐ Gas Service ☐ New Gas Piping ☐ Other
Detail of Work: We will install 6 30 Amp 480 V 3 phase circuits to supply
power to 9 Dock Locks with Levelers. Connections will be made
to each control box with conduit end conductors.
Estimated Construction Cost <u>Halms</u> Fee: 92500 I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF AN ELECTRIC, MECHANICAL OR PLUMBING PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFOMANCE OF RELATED REQUIREMENTS. LATE PERMITS ARE SUBJECT TO INCREASED FEES. THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. CONTRACTOR SIGNATURE: DATE: 3-1-2023
CONTRACTOR SIGNATURE: DATE: DATE: DATE:





Permit # 23 - 074

HVAC PERMIT APPLICATION

Notice: This form must be completed, signed and	submitted before work may commence.		
Property Address: 5900 Bluegrass Vw Fairburn GA 30213			
Property Owner:			
HVAC Contractor: American Residential Services	HVAC Contractor: American Residential Services Master License # CN210022		
Address of Contractor: 5238 Royal Woods Pkwy Ste 190	Tucke Telephone #: 470-843-6001		
Heating Units	Refrig/AC Units		
# of Units 1	# of Units 1		
Name Rheen	Name Rheem		
Model # A-IR-7D1BB	Model # A-IR-7D1BB		
BTU	Tons 5		
Heat Loss	Heat Gain		
CFM	CFM		
Fans	Grease Hoods		
# of Units	# of Units		
H.P.	Sq. Feet		
CFM	Size of Vent		
	CFM Required		
Con Rive	Con Bongs		
Gas Pipe	Gas Range Outlets		
# of Units	# of Outlets		
Total BTU of Pipe:			
Briefly Summarize the Job: Replace HAVC System with	5.0 Ton 16 SEER 80 AFUE Gas Heat Split System - Two		
(Estimated Job Cost) \$15,000.00	ermit Fee) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Signature of Applicant: 1 en 7/2	Date: 3 8 2023		
For all inspections call (770) 964-2244 ext 401. Ins	pections will be performed within 24 hours of		

For all inspections call (770) 964-2244 ext 401. Inspections will be performed within 24 hours of request, excluding weekends and holidays. Re-inspection fees: \$50.00/100.00/150.00. Late permits subject to increased fees.

Permit Fix: \$ 155.00 / Admin Fee: \$ 25.00





Permit # 23-075 Date: _ 3

BY 0 000000000000000000000000

HVAC PERMIT APPLICATION

Property Address: 4048 Olde Glen Cv Fairburn GA 30213		
Property Owner:		
HVAC Contractor: American Residential Services Master License #		
Address of Contractor: 5238 Royal Woods Pkwy Ste 190 T	Tucke Telephone #: _	470-843-6001
Heating Units	Refrig/AC Units	
# of Units	# of Units	
Name		Rheem
Model #		A-IR-1B1BA
BTU	Tons	
Heat Loss	Heat Gain	
CFM	CFM	
Fans	Grease Hoods	
# of Units	# of Units	
H.P.	Sq. Feet	
CFM	Size of Vent	
	CFM Required	
Gas Pipe	Gas Range	
	Outlets	
# of Units	# of Outlets	
Total BTU of Pipe:		
Briefly Summarize the Job: Replace HAVC System with 1.	5 Ton 14 SEER 80 AFUE	Gas Heat Split System
(Estimated Job Cost) \$9,058.00 (Pe Signature of Applicant:	rmit Fee)	150-00
Signature of Applicant: 1	Dat	te: 3 8 2023

For all inspections call (770) 964-2244 ext 401. Inspections will be performed within 24 hours of request, excluding weekends and holidays. Re-inspection fees: \$50.00/100.00/150.00. Late permits subject to increased fees.

Permit: \$125.00 / Admin Fee: \$25.00





Permit # <u>23-076</u>

Date: 3/14/23

HVAC PERMIT APPLICATION

Property Address: 6724 Rivertown Rd Fairburn	GA 30213	
Property Owner:		
HVAC Contractor: American Residential Services Master License # CN210022		
Address of Contractor: 5238 Royal Woods Pkg	wy Ste 190 Tucke Telephone #: 470-843-6001	
Heating Units	Refrig/AC Units	
# of Units	# of Units 1	
Name	Name Rheem	
Model #	Model # A-IR-6DZAD	
BTU	Tons 4	
Heat Loss	Heat Gain	
CFM	CFM	
Fans	Grease Hoods	
# of Units	# of Units	
H.P.	Sq. Feet	
CFM	Size of Vent	
	CFM Required	
	Con Parent	
Gas Pipe	Gas Range Outlets	
# of Units	# of Outlets	
Total BTU of Pipe:		
Replace HAVC Sy	ystem with 4.0 Ton 16 SEER AC Condenser/Coil	
srietly Surfimarize the Job;	1	
Estimated Job Cost) \$9,425.00 Signature of Applicant:	(Permit Fee)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date: 382023	

For all inspections call (770) 964-2244 ext 401. Inspections will be performed within 24 hours of request, excluding weekends and holidays. Re-inspection fees: \$50.00/100.00/150.00. Late permits subject to increased fees.

Perm+! \$125.00 / Adem Fee: \$150.00





Permit # <u>23</u>

FENCE PERMIT APPLICATION

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Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same.

Job Location 6633 Riv	ertown Rd	Subdivision	Lot #
Property Owner: Hosacio		Zoning Classific	ation
Type of plans submitted			arted no later than March 20
Estimated Building Cost: \$	10.000		· · · · · · · · · · · · · · · · · · ·
Describe work being done: _	Fence along whole	property line	
	,	, , ,	
Width of Lot:	250ft	Height of Fence:	6H Acar and side of hor
Depth of Lot:	260 ft /290 ft		4H Front / si de Clake Esther
Material of Fence:			
	Pichet 6Pt		
1.44	Masonry Brichs		
General Contractor:	losses Mechael Mus	Bus Lic	#:
Address:	117		
Phone Number 678 - 5	51.8578	Cell #:	
Thene ramed			
An accurate up-to-date submitted with this appli Has Home Owner's Assoc Proof of approval must representative.	TRUCTION OR WORK IS SU Survey of property s cation. iation approval been of be attached; prefe	howing the propose btained? Yes Norably, a plan stamp	thorized is not commenced for a period of 3 months at defence location must be a not signed by HOA know the same to be true fork performed under this
permit will be complied Permit does not presum state or local law regulat	with whether specifie to give authority to	ied herein or not. To violate or cancel th ne performance of rel	he granting of a Building e provisions of any other lated requirements.
CONTRACTOR/OWNER SIG	GNATURE: MM	has	DATE 2-23-23
Plan Approval	Permit App	roval Mm	Date
TOTAL PERMIT FEE: \$100.00		· ·	code compliance
*If not approved reason for d	enial:	(O	



Permit # 23-078

Date: 3/20/23

REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work will be started until the permit is issued.

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Job Location 41 5755	WWD SI	Subdivision	Lot #	
Property Owner: SHANT	TSA FULCHI	Zoning Classific	ation	
Type of plans submitted		Construction to be sta	arted no later than $03/20/2^{-2}$	
Estimated Building Cost: \$_2	23.059.00	/	_/ .	
Describe work being done:	OFTERIACE	EMENT /PA	TNT	
Describe work being done.				
Width of Lot:		Width of Building:		
Depth of Lot:		Length of Building:		
Type of Sewage:		Total Floor Area:		
Material of Roof:	SHINGLE	Heated Floor Area:		
Walls- Siding (circle)	WOOD COMBINATION	SIDING STUCCO STONE	BRICK MASONARY BRICK	
Front Yard Set-Back		Side Yard Set-Back		
Back Yard Set-Back		Side Yard Set-Back		
-				
0 10 10 10 10 10 10 10 10 10 10 10 10 10	1.1. 1.0.0	C GALica	#:2027196824	
General Contractor: ROY	AL HOME	GA LIC +	F. ZUZLIVOZA	
Address: 950 HEZ	E WITTON T	2D LAWREN	CENTLE, 30044	
Phone Number 1016	64 0853	Cell #:		
Subcontractors:				
Electrical		Phone:		
Plumbing		Phone:		
HVAC		Phone:	Drank thou are licensed	
NOTE: All Sub-Contractors Must Be St	ate Licensed And Must Permit Ea	ich Job Personally. We Require F	Tool triey are licensed.	
LISE OF SLIPS OTHER T	HAN LISTED IN CONJUNCT	ON WITH THIS PERMIT REC	OUIRES FORMAL AMENDMENT OF	
USE OF SUBS OTHER THAN LISTED IN CONJUNCTION WITH THIS PERMIT REQUIRES FORMAL AMENDMENT OF THE PERMIT AND PRIOR APPROVAL OF THE CITY. FAILURE TO SECURE MAY RESULT IN STOP-WORK ORDER, FINE				
AND/OR OTHER MEASURES, INCLUDING REVOCATION OF PERMIT AND/OR PROBATIONARY PERIOD PRIOR TO				
APPROVAL OF SUBSEQUENT PERMITS FOR BOTH THE CONTRACTOR AND UNAUTHORIZED SUB-CONTRACTOR.				
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 3 MONTHS AT				
ANY TIME AFTER WORK IS STAR	TED	SPENDED ON ABANDONEL	TORATERIOD OF SIMONING AT	
I hereby certify that I have rea	ad and examined this ap	plication and know the sa	ame to be true and correct. All	
provisions of laws and ordina	nces governing work pe	rformed under this permi	t will be complied with whether	
specified herein or not. The	granting of a Building F	ermit does not presume	to give authority to violate or	
	other state or local law	regulating construction	or the performance of related	
requirements.			1 1	
CONTRACTOR/OVA/NED CIC	NATURE:	(2)	DATE 03/20/23	
CONTRACTOR/OWNER SIG	SNATURE		DATE VILLE J	
Plan Approval	Permit App	roval	Date	
120	1500	. 10 1.		
TOTAL PERMIT FEE:	× 1/2	unk to		
For Inspections Call 770-964-2	2244 ext. 401	·		
For Inspections Call 770-964-2244 ext. 401 Penmit: \$300.00 Admin Fee: \$25.00				
JUMIT. P				





BY:

Permit # <u>23-079</u>

Date: <u>3/20/23</u>

REPAIRS/ALTERATIONS PERMIT APPLICATION

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Job Location	70 VINYNB SMIT	#Subdivision	Lot #
Property Owner:AN	TONGO CASTU	Zoning Classifica	ition
Type of plans submitted	1:500 6	Construction to be sta	ted no later than
Estimated Building Cost: \$ Describe work being done:	- TIX Was DON	-60 1 td E601	Titog wood hous
Describe work being done	1 FIX my pon	CHE SOL POIL	The Don't
Width of Lot:		Width of Building:	
Depth of Lot:		Length of Building:	
Type of Sewage:		Total Floor Area:	
Material of Roof:	WOOD COMBINATION	Heated Floor Area: SIDING STUCCO STONE B	BRICK MASONARY BRICK
Walls- Siding (circle)	WOOD GOWINATION	DIDING GTOGGO GTONE I	SKIOK III/KOOK/KKT BKIOK
		1	
Front Yard Set-Back		Side Yard Set-Back	
Back Yard Set-Back	***************************************	Side Yard Set-Back	
General Contractor: Address: 6770 Phone Number 400	Howarca	GA Lic #:	ADVINE THE REPORT OF THE PARTY
Address: 6770	LIRIGN B SM	TA RD. FACEDUI	en
Phone Number 400	4-421 4498	Cell #:	
Subcontractors:			
Electrical		Phone:	
Plumbing		Phone:	
HVAC NOTE: All Sub-Contractors Must Be S	tate Licensed And Must Permit Fa	Phone:	oof they are licensed
NOTE. All Sub-Contractors Must be o	tate Electised And Must 1 cmit Ec	torrood recoonding. We require the	or they are hearteen.
USE OF SUBS OTHER T	HAN LISTED IN CONJUNCT	ION WITH THIS PERMIT REQU	JIRES FORMAL AMENDMENT OF
THE PERMIT AND PRIOR APPRIA	OVAL OF THE CITY. FAILU	OF PERMIT AND/OR PROF	T IN STOP-WORK ORDER, FINE ATIONARY PERIOD PRIOR TO
APPROVAL OF SUBSEQUENT PE	ERMITS FOR BOTH THE CO	NTRACTOR AND UNAUTHORI	ZED SUB-CONTRACTOR.
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 3 MONTHS AT			
ANY TIME AFTER WORK IS STAF		12 LENDED OK ABANDONED I	-OR A PERIOD OF 3 MONTHS AT
I hereby certify that I have re	ad and examined this ap	plication and know the sar	ne to be true and correct. All
provisions of laws and ordina	ances governing work pe	rformed under this permit	will be complied with whether
cancel the provisions of any	granting of a building r	regulating construction	to give authority to violate or or the performance of related
requirements.	other state of food fan	O	or the performance or relation
•	N.	- Challe	7-20-7-1
CONTRACTOR/OWNER SIG	GNATURE: ()	nou Cause	DATE 3-20-2)
Plan Approval	Permit App	roval Bhi	Date
TOTAL PERMIT FEE: #32	2 1911	Revi	ewed
For Inspections Call 770-964-	2244 ext. 401	By Div.	Compliance /
For Inspections Call 770-964-	1 Admin to	C. \$25.00	





FENCE PERMIT APPLICATION

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Job Location 2010 RIVER Property Owner: SAMUEL Type of plans submitted FE Estimated Building Cost: \$ Describe work being done:	HEMING NCE Sido K.	Zoning Classific Construction to be sta	e builtan LaxeLot # 93 cation Residental arted no later than ASAP
Width of Lot:		Height of Fence:	6 FEET
Depth of Lot:			
Material of Fence:	PINE WOOD		
General Contractor: IFE Address: 7260 WEBER Phone Number	STREET ATLANTZ	Cell #: 770 896 6	
WITHIN 6 MONTHS, OR IF CONS ANY TIME AFTER WORK IS STAF	TRUCTION OR WORK IS S RTED.	USPENDED OR ABANDONED	THORIZED IS NOT COMMENCED FOR A PERIOD OF 3 MONTHS AT d fence location must be
submitted with this appli			
Has Home Owner's Assoc Proof of approval must representative.	iation approval been of be attached; pref	obtained? YesNo erably, a plan stamp	N/A ped and signed by HOA
and correct. All provisi permit will be complied	ons of laws and ord with whether speci e to give authority t	linances governing w fied herein or not. T to violate or cancel th	know the same to be true ork performed under this he granting of a Building e provisions of any other lated requirements.
CONTRACTOR/OWNER SIG	GNATURE:		DATE
Plan Approval	Permit App	proval	Date Reviewed
TOTAL PERMIT FEE: \$100.00		0	MAR 1 0 2023
*If not approved reason for d			for code compliance





Permit #	23-081
Date:	

Marcode compliance

BY possessessessisses

COMMERCIAL **BUILDING PERMIT APPLICATION**

This is not a permit, and no work will be started until the permit is issued.

Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same.

is granted, agree to or	omorm to an laws a	na oramaneoo regaram				Section 1
Property Owner:	Clarion Pm	thers Jo	b Location Ad	dress: 728	50 Graham Ro	of FAIRBUN, C
Project Name			Lot#			
General Contracto		egal Contractors	_	GA Lic #:	ng District	41
Address: Po	BOX 1062	TYPONE, GA	30290			
Phone Number 4				Fax #:		
Width of Lot:	Width of Lot: Heated Floor Area: 4, w					
Lot Size (sq. ft.) Total Floor Area: 4, w						
Front Yard Set-B	Back	Side Yard Set-Ba			ard Set-Back	
Check One			Sewage X	Sep	tic	
Exterior Material						
Estimated Cost to	Build: \$ 200	500				
D-1(14	Davinail		LDP#&D	oto of	· T	
Date of Mayor & (Souncii		Approval	ale oi		
Approval			Approvai			
Subcontractors:	COMMERCIA	L TRADES MUST	BE PERMITTI	ED BEFORE	WORK BEGINS.	
Electrical		Tectric		Phone:	618-850-1	0345
Plumbing		nbing		Phone:		6463
HVAC	An lock			Phone:	970-870-	2415
	tors Must Be State Lic	censed And Must Permit E	ach Job Personally.	Proof of license is	required.	4
Trade Permits:	Dames!4.#	D-1-	Trade		Bealen	Date
Trade	Permit #	Date	Other	Pe	ion Required ion Required ion Required revisions or info and a commen and a commen	Pare
Electric			Other	MONS	ion Red	kwan
HVAC			Other	Addie	low of mer	tary
Plumbing			Other	In Kou	ion Resignation info	29/13/10
Other			Other	submine	J and sell com	ale: 3
			P	lease allesie	a rey www	
THIS PERMIT	BECOMES NULL A	ND VOID IF WORK OR CO	ONSTRUCTION AU	THORIZEDIS NO	I COMMENCED WITH	TIN 6 MONTHS, OF
IF CONSTRUCTION OF	R WORK IS SUSPEN	DED OR ABANDONED FO	OR A PERIOD OF 3	MONTHS AT ANY	TIME AFTER WORK	IS STARTED.
I hereby certify that	I have read and	examined this applica	tion and know t	he same to be	true and correct.	All provisions o
laws and ordinance	s governing work	performed under this	permit will be c	omplied with w	hether specified he	erein or not. The
granting of a Buildin	ng Permit does no truction or the ner	of presume to give aut	hority to violate	or cancel the p	rovisions of any ou	ner state or loca
law regulating cons	indenon or the per	Torridated of Telated 14	11/10			12.102
CONTRACTOR/OWNER SIGNATURE: DATE 431/23						
		<u> </u>				/
Plan Approval _	An.	Permit Ap	proval 📉	14 0	Date 3/1	5 23
i juin i de la communicación de la communicaci	WW-					
Temporary Pole	\$		manent Electric		\$	
Water Tap (Based of Utility Deposit	n size) \$		ver Tap mit Fee		\$ 3,150	.(7)
Plan Review (45% o		1000 . 0		1 6 Po. 50		
	100	. , ,	C Menshou	. P50.00	Reviewe	iCI
TOTAL AMOUNT	PAID _/ J	750-CD A	dmn Re:	\$ 25.00	6 5 5 8h p 40	2022
			10 000		MAR 15	MILO





BY:

Permit # 23 -081

REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work will be started until the permit is issued. Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same

and it same is granted, agree to cor	nomi to all laws and ordinance	ss regarding same.			
Job Location 604 Priveho	irst Dr.	Subdivision NA	Lot # <u>33</u>		
Property Owner: Randolph		Zoning Classifica			
Type of plans submitted Construction to be started no later than 1-30-23					
Estimated Building Cost: \$ C					
Describe work being done: In	sterior report due.	to Firelsmoke dom	age in Garage No structu		
			Dome		
Width of Lot:	187'	Width of Building:	82'		
Depth of Lot:	262'	Length of Building:	34'		
Type of Sewage:	City sewer	Total Floor Area:	2100 sg Ft.		
Material of Roof:	A shalf / Shinele	Heated Floor Area:	2100 Sg Pt.		
Walls- Siding (circle)	WOOD COMBINATION	SIDING STUCCO STONE	BRICK MASONARY BRICK		
Front Yard Set-Back	92'	Side Yard Set-Back	55'		
Back Yard Set-Back	85'	Side Yard Set-Back	33'		
Dack Tard Get-Dack		Side Tard Set-Dack	33		
General Contractor: <u>太い</u>	destructions solution	GA Lic #	RBQ4006209		
Address: 3700 Kenns	ustring S. Industrin		11000000		
Phone Number 178 - 945		Cell #: 404-725-0	0083		
Thore wanted 618 145	3,0130	OCII #. 10-14 12/3 0	7083		
Subcontractors:					
	deral Services	Phone: ሬንፄ ៤ነ	1-1-110		
Plumbing Hey Dude	Direct and Oraco		7-9284		
HVAC CALLYCO A	Mechanical Services !				
NOTE: All Sub-Contractors Must Be St	ate Licensed And Must Permit Ea	ch Job Personally. We Require Pro	poof they are licensed.		
USE OF SUBS OTHER TI	HAN LISTED IN CONJUNCTION	ON WITH THIS PERMIT REQU	JIRES FORMAL AMENDMENT OF		
THE PERMIT AND PRIOR APPROAND/OR OTHER MEASURES, II					
APPROVAL OF SUBSEQUENT PE					
THIS PERMIT BECOMES	S NULL AND VOID IF WOR	K OR CONSTRUCTION AUT	HORIZED IS NOT COMMENCED		
WITHIN 6 MONTHS, OR IF CONST		SPENDED OR ABANDONED I	FOR A PERIOD OF 3 MONTHS AT		
ANY TIME AFTER WORK IS STAR	TED.				
I housely costify that I have you	nd and avaminad this any	lication and know the sec	ma ta ba tuu a and namaat All		
I hereby certify that I have rea			will be complied with whether		
			to give authority to violate or		
cancel the provisions of any					
requirements.	_	_			
	(V) 12 × 10	221111	1/10/2 -23		
CONTRACTOR/OWNER SIG	SNATURE! FRANK	nulli	DATE 1/18/2023		
Plan Approval	Permit Appr	oval XIII	Date		
TOTAL PERMIT FEE: 4 1,14	Add Add	itional Plan Revie	W Reviewed		
TOTAL PERIVIT PEE:	<u> Inf</u>	ormation Required			
For Inspections Call 770-964-2	2244 ext. 401		MAR I CULO		
Pennit! 929.00	Please su	bmit revisions or infor	mation mation		
remit: 924.00	reque	ested and a commenta	mation for sode compliance		





Permit # 23 063

Date: 3/22/23

BY:

REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work will be started until the permit is issued.

Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same.

Being a sent and a service of the service				
Job Location 7034 Preserve Parky	vay Fairburn GA 30212	Subdivision	Lot #	
Property Owner: Sabrina Eaton		Zoning Classification		
Type of plans submitted Customer Contract		Construction to be started no later than		
Estimated Building Cost: \$11	,763.82			
Describe work being done:	rear off existing shingles and mat	terial down to decking, install new t	elt, ice/water, drip edge, and shingles	
Width of Lot:		Width of Building:		
Depth of Lot:		Length of Building:		
Type of Sewage:		Total Floor Area:		
Material of Roof:		Heated Floor Area:	DDIOK MACCALARY DDIOK	
Walls- Siding (circle)	WOOD COMBINATION	SIDING STUCCO STONE	BRICK MASONARY BRICK	
Front Yard Set-Back		Side Yard Set-Back		
Back Yard Set-Back		Side Yard Set-Back		
Buok Tura Got Buok		10.00		
General Contractor: (TRADE) KTM Roofing Company Inc	GA Lic #	‡ : 48424	
Address: 2536 Highway 138 East	Stockbridge GA 30281		-	
Phone Number 678-565-7663		Cell #:		
Trione reams .		-		
Subcontractors:				
Electrical		Phone:		
Plumbing		Phone:		
HVAC		Phone:		
NOTE: All Sub-Contractors Must Be S	tate Licensed And Must Permit E	ach Job Personally. We Require F	roof they are licensed.	
			AND TO FORMAL AMENDMENT OF	
USE OF SUBS OTHER T	HAN LISTED IN CONJUNCT	TON WITH THIS PERMIT REC	QUIRES FORMAL AMENDMENT OF JLT IN STOP-WORK ORDER, FINE	
AND/OR OTHER MEASURES. I	NCLUDING REVOCATION	OF PERMIT AND/OR PRO	BATIONARY PERIOD PRIOR TO	
APPROVAL OF SUBSEQUENT PE	ERMITS FOR BOTH THE CO	NTRACTOR AND UNAUTHOR	RIZED SUB-CONTRACTOR.	
THIS PERMIT BECOME	S NULL AND VOID IF WO	RK OR CONSTRUCTION AL	THORIZED IS NOT COMMENCED	
WITHIN 6 MONTHS, OR IF CONS ANY TIME AFTER WORK IS STAF	TRUCTION OR WORK IS SU	DSPENDED OR ABANDONEL	FOR A PERIOD OF 3 MONTHS AT	
ANY TIME AFTER WORK IS STAF	(IED.			
I hereby certify that I have re	ad and examined this ar	polication and know the sa	ame to be true and correct. Al	
provisions of laws and ordina	ances governing work pe	erformed under this permi	t will be complied with whethe	
specified herein or not. The	granting of a Building	Permit does not presume	to give authority to violate o	
cancel the provisions of any	other state or local lav	v regulating construction	or the performance of related	
requirements.	- 1	_		
	May	ston Parace	C DATE 3/20/23	
CONTRACTOR/OWNER SIG	SNATURE:	an promote	DATE	
			D	
Plan Approval	Permit App	oroval	Date	
TOTAL DEDMIT SEE. P	1/5.()()			
TOTAL PERIVIT PEE.				
For Inspections Call 770-964-	2244 ext. 401			

Permit: \$150.00 1 Admin Fee: \$25.00



For Inspections Call 770-964-2244 ext. 401



Permit # 23 - 084 Date: 3/22/23



REPAIRS/ALTERATIONS PERMIT APPLICATION

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Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a

structure as described herein or sho and if same is granted, agree to con			as shown on accompanying plot plan		
Job Location 106 Howell Avenue, I	Fairburn, Georgia 30213	Subdivision	Lot#		
Property Owner: City of Fairburn		Zoning Classification			
Type of plans submitted Site p	lans, structural analysis		arted no later than 5-17-2023		
Estimated Building Cost: \$ 180					
Describe work being done: N	Modify ground-based and tower-mo	ounted equipment on an existing t	ower		
Width of Lot:		Width of Building:			
Depth of Lot:		Length of Building:	195'		
Type of Sewage:		Total Floor Area:			
Material of Roof:	INCORPORATION OF	Heated Floor Area:	PRIOR WAS COMARY PRIOR		
Walls- Siding (circle)	WOOD COMBINATION S	SIDING STUCCO STONE	BRICK MASONARY BRICK		
Front Yard Set-Back		Side Yard Set-Back			
Back Yard Set-Back		Side Yard Set-Back			
		L-			
General Contractor: Ansco &	Associates, LLC	GA Lic #	‡ : 2022-6971		
Address: 1220 Old Alpharetta Road					
Phone Number 770-827-4025		Cell #: 678-836-8938			
Subcontractors:					
Electrical		Phone:			
Plumbing		Phone:			
HVAC		Phone:			
NOTE: All Sub-Contractors Must Be Sta	ate Licensed And Must Permit Eac	ch Job Personally. We Require P	roof they are licensed.		
THE PERMIT AND PRIOR APPROAND/OR OTHER MEASURES, IN APPROVAL OF SUBSEQUENT PETHIS PERMIT BECOMES WITHIN 6 MONTHS, OR IF CONSTANY TIME AFTER WORK IS STAR I hereby certify that I have reaprovisions of laws and ordinal specified herein or not. The	OVAL OF THE CITY. FAILUF NCLUDING REVOCATION OF RMITS FOR BOTH THE CONT NULL AND VOID IF WORK TRUCTION OR WORK IS SUSTED. Ind and examined this appures governing work performances of a Building Potanting of a Building of a Building Potanting of a Building of a Buildi	RE TO SECURE MAY RESU OF PERMIT AND/OR PRO TRACTOR AND UNAUTHOR K OR CONSTRUCTION AU SPENDED OR ABANDONED Ilication and know the sa formed under this permit ermit does not presume	QUIRES FORMAL AMENDMENT OF JUT IN STOP-WORK ORDER, FINE BATIONARY PERIOD PRIOR TO RIZED SUB-CONTRACTOR. THORIZED IS NOT COMMENCED FOR A PERIOD OF 3 MONTHS AT A will be complied with whether to give authority to violate or or the performance of related		
CONTRACTOR/OWNER SIG	GNATURE: Robin Tyus	Open payed by Raba Tyre G. Camero, Open Co-Contras, G. Camero, Open Contras, G. Camero, Open Contras, G	DATE 3-9-2023		
Plan Approval	Permit Appro	1000	IAR 1 Pate23		
TOTAL PERMIT FEE:	fermit:	\$ 300.00 for	code compliance		

Plan Dewers \$ 150.00 Admin Fee: \$25.00



Permit # 23.

REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work will be started until the permit is issued.

Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plan and if same is granted, agree to conform to all laws and ordinances regarding same.

Job Location 164 Fair have	en Trail Fairburg Subdivis	ion	Lot #
Property Owner: Pul of		oning Classification	on
Type of plans submitted			ed no later than
Estimated Building Cost: \$			
Describe work being done:	Installing new roof.		
Width of Lot:		f Building:	
Depth of Lot:		of Building:	
Type of Sewage:		oor Area:	
Material of Roof:	WOOD COMBINATION SIDING ST	Floor Area:	ICK MASONARY PRICK
Walls- Siding (circle)	WOOD COMBINATION SIDING ST	UCCO STONE BR	ICK WASONAK! BRICK
Front Yard Set-Back		rd Set-Back	
Back Yard Set-Back	Side Ya	rd Set-Back	
Canaval Cantractory D. Ha	- VC - VPNO	GA Lic #:	Marale
General Contractor: Pitts			4244S
Address: 50 Chimne			
Phone Number 68. 5	565 (277 Cell #: _	404. 406.	05 18
Cubaantaatana			NAME OF THE OWNER OWNER OF THE OWNER OWNE
Subcontractors:	Dhono	/	^
Electrical	Phone		
Plumbing	Phone		
HVAC	Phone tate Licensed And Must Permit Each Job Person		they are licensed
NOTE: All Sub-contractors wast be s	tate closused And Must Fermit Each 300 Ferson	tany. We require 1 1001	they are hoonsed.
THE PERMIT AND PRIOR APPR	HAN LISTED IN CONJUNCTION WITH T OVAL OF THE CITY. FAILURE TO SEC	URE MAY RESULT	IN STOP-WORK ORDER, FIN
AND/OR OTHER MEASURES,	NCLUDING REVOCATION OF PERMI	T AND/OR PROBAT	TIONARY PERIOD PRIOR T
	ERMITS FOR BOTH THE CONTRACTOR S NULL AND VOID IF WORK OR CON		
	TRUCTION OR WORK IS SUSPENDED (
ANY TIME AFTER WORK IS STAF			
I hereby certify that I have re-	ad and examined this application a	nd know the same	to be true and correct. A
provisions of laws and ordina	nces governing work performed ur granting of a Building Permit doe	der this permit wi	give authority to violate
cancel the provisions of any	other state or local law regulațing	a construction or	the performance of relate
requirements.		/0	
•	// // //	H) >	7 - 11 22
CONTRACTOR/OWNER SIG	GNATURE: A full		DATE_3-24-23
Dian Annuard	Daniel Annuard		Date
Plan Approval	Permit Approval		Date
TOTAL PERMIT FEE: \$\frac{1}{2}\$	25.00	PV	
For Inspections Call 770-964-2	2244 ext. 401 & Down & Fac: F25	k tecs	
^	(

City of Fairburn Building Department 26 West Campbellton Street Fairburn GA. 30213 Permit # 23-08%

Date: 3/27/23



roperty Owner:	iam + Carle	He Marrow	
			our , GA 30213
Contractor: Nicholas			
Street Phone#: (678-561-(City,	ZIP License#:	mits@casteelair.com mznzsss
-Hollen: (OLX-CO)1-1			
	Information on Pro	<u>ject:</u> (√ All That Apply)	
1	☐ Commercial	Residential (1 or 2-Family [Owelling)
System Modifications ☐ Electrical	Mechanical	□ Plumbing	✓ Water/Sewer
☐ Electric Service Amps		□Upgrade Service	☐ Repair Service
Mechanical Change © ☐ Plumbing Repair ☐ ☐ Other	Out 🗆 New Mechanica] New Plumbing 🗀 Wa	l □ Low Voltage □ N ater Heater □ Gas Servio	ew Electric Circuits ce □ New Gas Piping
Detail of Work: Repland	ace (2) 70K F	urnace, (2) 2.07	Ton A/C, (2) Coil
Estimated Construction C	Cost 71.000.00	Permit Fe	# 210.0U
I HEREBY CERTIFY THAT'I HAVE READ ELECTRIC, MECHANICAL OR PLUMBIN	AND EXAMINED THIS APPLICATION IG PERMIT DOES NOT PRESUME TO ONSTRUCTION OR THE PERFOMAN AND VOID IF WORK AUTHORIZE	D GIVE AUTHORITY TO VIOLATE OR (ICE OF RELATED REQUIREMENTS. LA ID IS NOT COMMENCED WITHIN 6 N	E AND CORRECT. THE GRANTING OF AN CANCEL THE PROVISIONS OF ANY OTHER ITE PERMITS ARE SUBJECT TO INCREASED MONTHS, OR IF WORK IS SUSPENDED
CONTRACTOR SIGNATURE:	will personally supervise this	installation DAT	E: 3/27/23



City of Fairburn Building Department 26 West Campbellton Street Fairburn GA. 30213 Permit # <u>23-08</u>

Date: 3/27/23

roperty Owner: 100 L32010
ocation Address: 642 Sir Charles Dr., Fairborn, GA 30213
ontractor: Nicholas Spina/Casteel Heating+ Cooling
address: 2218 Canton Rd Marietta GA 30213 Email: Permits@ Casteelair. Con
Phone#: 678-501-660Z License#:
<u>Information on Project:</u> (✓All That Apply)
☐ Commercial ☐ Residential (1 or 2-Family Dwelling)
System Modifications ☐ Electrical ☐ Plumbing ☐ Water/Sewer
☐ Electric Service ☐ New service ☐ Upgrade Service ☐ Repair Service Amps Utility Co
 Mechanical Change Out ☐ New Mechanical ☐ Low Voltage ☐ New Electric Circuits ☐ Plumbing Repair ☐ New Plumbing ☐ Water Heater ☐ Gas Service ☐ New Gas Piping ☐ Other
Detail of Work: Replace, 45 K Furnace, 20 Ton Alc, + Cail
Estimated Construction Cost \$9,857.60 Permit Fee
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF AN ELECTRIC, MECHANICAL OR PLUMBING PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFOMANCE OF RELATED REQUIREMENTS. LATE PERMITS ARE SUBJECT TO INCREASED FEES. THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED. CONTRACTOR SIGNATURE: This is to certify that I will personally supervise this installation



City of Fairburn Building Department 26 West Campbellton Street Fairburn GA. 30213 Permit #_23-088

Date: 3/21/23

Property Owner: Charity Cooper
Location Address: 6751 Jules TRC, Palmetto, GA 30268
Contractor: <u>Wichdas Spira</u> <u>Casteel Heating + Cooling</u>
Address: 2218 Canton Rd, Marietta, GA 3006 Email: Remits a Castrelair, Con
Phone#: (678 - 50) - (6692 License#:
<u>Information on Project:</u> (✓All That Apply)
☐ Commercial
System Modifications ☐ Electrical ☐ Plumbing ☐ Water/Sewer
☐ Electric Service ☐ New service ☐ Upgrade Service ☐ Repair Service Amps Utility Co
☐ Mechanical Change Out ☐ New Mechanical ☐ Low Voltage ☐ New Electric Circuits ☐ Plumbing Repair ☐ New Plumbing ☐ Water Heater ☐ Gas Service ☐ New Gas Piping ☐ Other
Detail of Work: Replace 90K Furrace, 4.0Ton A/C + Coil
Estimated Construction Cost \$16,321.00 Permit Fee \$188.00
Estimated Construction Cost \$16,321.00 Permit Fee \$185.00 Permit Fee \$160.00 Ashum Fee \$25.00 THEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF AN
ELECTRIC, MECHANICAL OR PLUMBING PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFOMANCE OF RELATED REQUIREMENTS. LATE PERMITS ARE SUBJECT TO INCREASED FEES. THIS PERMIT BECOMES NULL AND VOID IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.
M-110. 2/22/22
This is to certify that I will personally supervise this installation DATE: 0 27 45



26 West Campbellton Street Fairburn, GA 30213 770-964-2244 FAX - 770-306-6919 Ext: 401

Permit # <u>23-08</u>

Date: 3-28-23

REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work shall start until the permit is issued. Application is hereby made according to the laws and ordinances of the City of Fairburn to obtain a permit to erect/alter and use a structure as described herein or shown on accompanying document and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same

Project Addr	ress: 66	04 Victur B	Smistibilision and,	Fairburn Lot#
Property Owner: Victoria Tuenee Zoning Classification				
Type of plans submitted			Estimated Construct	ion Cost: \$ 14,000
Describe wo	ork:	707		,
Width of Lo	ot:		Width of Building:	
Depth of Lo			Length of Building:	
Type of Sev		•	Total Sq. Ft:	
Material of			Heated Sq. Ft:	
Walls- Sidir	ng (circle)	WOOD COMBINATION	SIDING STUCCO STONE	BRICK MASONARY BRICK
				F
Front Yard	Set-Back		Side Yard Set-Back	
Rear Yard S				

General Co	-	DT Chastain	GA LIC:	
Address:		nrock Indust	rial Blud, T	yeune GA 30290
Phone:	7704860	0820	,	
Subcontrac	tors:			
Electrical			Phone:	
Plumbing HVAC			Phone:	
	Contractors Must Be	State Licensed And Must Permit Ea		Proof they are licensed
				Teet they are hearined.
USE OF SUBS	OTHER THAN LI	STED IN CONJUNCTION WITH	THIS PERMIT REQUIRES F	ORMAL AMENDMENT OF THE
PERMIT AND F	PRIOR APPROVA	L OF THE CITY, FAILURE TO	SECURE MAY, RESULT IN S	TOP-WORK ORDER, FINE AND/OR
SUBSEQUENT	PERMITS FOR B	OTH THE CONTRACTOR AND	UNAUTHORIZED SUB-CON	RIOD PRIOR TO APPROVAL OF
				S NOT COMMENCED WITHIN 6 ERIOD OF 6 MONTHS AT ANY TIME
AFTER WORK	IS STARTED.			6
I hereby cert	ify that I have r	ead and examined this app	olication and know the sa	ame to be true and correct. All
provisions of	laws and ordin	nances governing work per	formed under this permi	t will be complied with whether
specified ner	rein or not. In	e granting of a Building P	remit does not presume	to give authority to violate or or the performance of related
requirements		y other state of local law	regulating constituction	of the performance of related
		V. t.	Charle	2 24: 2425
CONTRACT	OR/OWNER S	IGNATURE: Kustin	a Chestain	DATE 3-28-2023
Plan Approva	al will	1.	oval	
PERMIT FEE	TOTAL: 47.50	15.00 Remi	1:\$300.00 ×	Anto to
	+	(((()))	, +00.00 %	FUNDIC ICC.
		Manag	1301 6 14 RI	



Permit # <u>Q3- 046</u>

Date: <u>3/29/23</u>

REPAIRS/ALTERATIONS PERMIT APPLICATION

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Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plot plan and if same is granted, agree to conform to all laws and ordinances regarding same.

Job Location 25 Strickland Street	Subdivision	Lot #		
Property Owner: Asia Hudson	Zoning Classific			
Type of plans submitted		arted no later than 3/29/2023		
Estimated Building Cost: \$ 9,983.78				
Describe work being done: _F	Remove & Replace existing Roof w/ 30yr Arch in the color Shakewo	od.		
Width of Lot:	Width of Building:			
Depth of Lot:	Length of Building:	 		
Type of Sewage:	Total Floor Area:			
Material of Roof:	Heated Floor Area:			
Walls- Siding (circle)	WOOD COMBINATION SIDING STUCCO STONE	BRICK MASONARY BRICK		
wans claing (enercy				
Front Yard Set-Back	Side Yard Set-Back			
Back Yard Set-Back	Side Yard Set-Back			
Back Yard Sel-Back	Side faid Set-Back			
General Contractor: Joseph2	Unlimited GA Lic #	‡ : 1501035376		
Address: 3105 Sable Trail, Atlanta				
Phone Number 770.783.5228	Cell #:			
Subcontractors:				
Electrical	Phone:			
Plumbing	Phone:			
HVAC	Phone:			
NOTE: All Sub-Contractors Must Be Si	ate Licensed And Must Permit Each Job Personally. We Require F	Proof they are licensed.		
LICE OF CURE OTHER T	HAN LICTED IN CONTINUE TON WITH THE DEDMIT DEC	OLUBES ECONAL AMENDMENT O		
	HAN LISTED IN CONJUNCTION WITH THIS PERMIT REC OVAL OF THE CITY. FAILURE TO SECURE MAY RESU			
	NCLUDING REVOCATION OF PERMIT AND/OR PRO			
	RMITS FOR BOTH THE CONTRACTOR AND UNAUTHOR			
	S NULL AND VOID IF WORK OR CONSTRUCTION AU			
ANY TIME AFTER WORK IS STAR	TRUCTION OR WORK IS SUSPENDED OR ABANDONED TED	FOR A PERIOD OF 3 MONTHS A		
ANT TIME AT TEXT VOICE TO STATE	TED.			
I hereby certify that I have rea	ad and examined this application and know the sa	ame to be true and correct. A		
	nces governing work performed under this permi			
	granting of a Building Permit does not presume			
	other state or local law regulating construction	or the performance of relate		
requirements.				
CONTRACTOR/OWNER SIG	ENATURE: <u>Jewill Tayl</u>	DATE 03/20/2023		
CONTRACTOR/OWNER SIG	MATURE: / CITAL JUGOPT	DATE <u>03/29/2023</u>		
Plan Approval	Permit Approval	Date		
TOTAL PERMIT FEE: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	500 Permit: \$300.00 *	Double Feex		
For Inspections Call 770-964-2				

Almy Fee: \$25.00







Permit # <u>23-691</u>
Date: 3/29/23

REPAIRS/ALTERATIONS PERMIT APPLICATION

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Job Location 15 Haney	SUCULE LAVE, FOIRBUR Sharp	y Subdivision	Lot#
Property Owner: +ONY	SHARP	Zoning Classific	ation
Type of plans submitted		Construction to be sta	irted no later than
Estimated Building Cost: \$(
Describe work being done:	Re-ROOF REPLACE	Ment	
Width of Lot:		Width of Building:	
Depth of Lot:		Length of Building:	
Type of Sewage:		Total Floor Area:	
Material of Roof:	ASPHOLA Shwale WOOD COMBINATION	Heated Floor Area:	DDICK MASONADY DDICK
Walls- Siding (circle)	WOOD COMBINATION	SIDING STUCCO STONE	BRICK WASONARY BRICK
Front Yard Set-Back		Side Yard Set-Back	
Back Yard Set-Back		Side Yard Set-Back	
Back fard Set-Back		Side Faid Set-Dack	
General Contractor: Ruphe	VIEW ROCFING RE	reversers LLC GA Lic #	: 00033018
Address: 2600 Bearley Phone Number	1 RD SC,\$ 806, 1	MORIETTA, GA 300	6 F
Phone Number		Cell #: 409-662 -	9703
Out a surfus of sure			
Subcontractors:		Phone:	
Plumbing		Phone:	
HVAC		Phone:	
NOTE: All Sub-Contractors Must Be Sta	ate Licensed And Must Permit E		oof they are licensed.
	THE VIEW SHOW THE SHOW THE SET		
USE OF SUBS OTHER THE PERMIT AND PRIOR APPRO			UIRES FORMAL AMENDMENT O
AND/OR OTHER MEASURES, IN	NCLUDING REVOCATION	OF PERMIT AND/OR PRO	BATIONARY PERIOD PRIOR TO
APPROVAL OF SUBSEQUENT PE	RMITS FOR BOTH THE CO	NTRACTOR AND UNAUTHOR	IZED SUB-CONTRACTOR.
THIS PERMIT BECOMES WITHIN 6 MONTHS, OR IF CONST			THORIZED IS NOT COMMENCE FOR A PERIOD OF 3 MONTHS A
ANY TIME AFTER WORK IS STAR		OF ENDED ON ABANDONED	TORM ENGLY
	500 S00 S S S S00 S0		
I hereby certify that I have rea			
provisions of laws and ordinal specified herein or not. The			
cancel the provisions of any			
requirements.	ΔL	A-7	•
			02 00 00
CONTRACTOR/OWNER SIG	NATURE:	<i>Y</i>	DATE <u>03-29-2023</u>
Plan Approval	Permit App	roval	Date
TOTAL PERMIT FEE:			
TOTAL PERMIT FEE: 17	10°CU		
For Inspections Call 770-964-2	244 ext. 401		
Dear of 181	J.w /Admn	Fec: 8 25.06	



REPAIRS/ALTERATIONS PERMIT APPLICATION

This is not a permit, and no work will be started until the permit is issued.

Application is hereby made according to the laws and ordinances of the City of Fairburn for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plan and if same is granted, agree to conform to all laws and ordinances regarding same.

Job Location 30 APC	13 Court	Subdivision		Lot#
Property Owner: Jo 5,0		Zoning	Classification	
Type of plans submitted	e 5008	_ Construction	to be started no later th	nan
Estimated Building Cost: \$	10,934	T 1	- 1 1	13 11-110 0-17
Describe work being done: _	Kemoving Shing	les, Insta	11.ng Ice & water	s, Smthetic Best
Com Francisco	HDZ Stingles			
Width of Lot:		Width of Build	ding:	
Depth of Lot:		Length of Bui		
Type of Sewage:		Total Floor Ar		
Material of Roof:		Heated Floor	S. A. (2012) 1 (1913) 1 (1915) 1.	
Walls- Siding (circle)	WOOD COMBINATION S	DING STUCCO	STONE BRICK MASONA	RY BRICK
Front Yard Set-Back		Side Yard Set	t-Back	
Back Yard Set-Back		Side Yard Set	t-Back	
General Contractor: 5h;			GA Lic #:	
Address: 1005 Alderna			005	
Phone Number 404-5	95 - 5705	Cell #: _ 406	1-561-4474	
Subcontractors:			に対力に対する。 では、 は、 は、 に、 に、 に、 に、 に、 に、 に、 に、 に、 に	
Electrical		Phone:	-	
Plumbing		Phone:		
HVAC		Phone:		
NOTE: All Sub-Contractors Must Be Sta	te Licensed And Must Permit Eacl	n Job Personally. W	e Require Proof they are license	d.
THE PERMIT AND PRIOR APPRO AND/OR OTHER MEASURES, IN APPROVAL OF SUBSEQUENT PER	ICLUDING REVOCATION O RMITS FOR BOTH THE CONT NULL AND VOID IF WORK RUCTION OR WORK IS SUS	E TO SECURE M F PERMIT AND RACTOR AND UI OR CONSTRUC	MAY RESULT IN STOP-WOI /OR PROBATIONARY PER NAUTHORIZED SUB-CONT CTION AUTHORIZED IS NO	RK ORDER, FINE RIOD PRIOR TO RACTOR. DT COMMENCED
I hereby certify that I have read provisions of laws and ordinar specified herein or not. The cancel the provisions of any requirements.	nces governing work perfe granting of a Building Pe other state or local law r	ormed under th rmit does not _l	is permit will be complie presume to give authori truction or the perform	ed with whether ity to violate or
CONTRACTOR/OWNER SIG	NATURE:		DATE	5/61/2043
Plan Approval	Permit Appro	val	Date	
TOTAL PERMIT FEE: 325	s.cu Varn	subte 1	ECX-\$300.	20
For Inspections Call 770-964-22	244 ext. 401	mn Fee:	B25 CD	