



FAIRBURN CITY HALL  
56 MALONE ST  
FAIRBURN, GA 30213  
(770)964-2244  
Fax (770)306-6919

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

## 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 \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Property Owner: \_\_\_\_\_ Zoning Classification \_\_\_\_\_

Type of plans submitted \_\_\_\_\_ Construction to be started no later than \_\_\_\_\_

Estimated Building Cost: \$ \_\_\_\_\_

Describe work being done: \_\_\_\_\_

<b>Width of Lot:</b>		<b>Width of Building:</b>	
<b>Depth of Lot:</b>		<b>Length of Building:</b>	
<b>Type of Sewage:</b>		<b>Total Floor Area:</b>	
<b>Material of Roof:</b>		<b>Heated Floor Area:</b>	
<b>Walls- Siding (circle)</b>	WOOD COMBINATION SIDING STUCCO STONE BRICK MASONARY BRICK		

<b>Front Yard Set-Back</b>		<b>Side Yard Set-Back</b>	
<b>Back Yard Set-Back</b>		<b>Side Yard Set-Back</b>	

General Contractor: \_\_\_\_\_ GA Lic #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell #: \_\_\_\_\_

**Subcontractors:**

<b>Electrical</b>		<b>Phone:</b>	
<b>Plumbing</b>		<b>Phone:</b>	
<b>HVAC</b>		<b>Phone:</b>	

**NOTE:** All Sub-Contractors Must Be State Licensed And Must Permit Each Job Personally. We Require Proof they are licensed.

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 STARTED.

**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 work performed under this permit will be complied with whether specified herein or not. The granting of a Building 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 related requirements.**

CONTRACTOR/OWNER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Plan Approval \_\_\_\_\_ Permit Approval \_\_\_\_\_ Date \_\_\_\_\_

TOTAL PERMIT FEE: \_\_\_\_\_

**For Inspections Call 770-964-2244 ext. 401**