



City of Cartersville

PLANNING AND DEVELOPMENT

P.O. Box 1390 • 10 North Public Square • Cartersville, Georgia 30120
Telephone: 770-387-5600 • Fax: 770-387-5605 • www.cityofcartersville.org

Residential Permit Application

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED BEFORE A PERMIT MAY BE ISSUED. NO WORK MAY COMMENCE BEFORE THE ISSUANCE OF THE PERMIT
ATTACH SITE PLAN THAT INDICATES LOCATION OF THE STRUCTURE AND SETBACKS
ORIGINAL SIGNATURE OF GC REQUIRED ON EACH APPLICATION

SUBDIVISION: _____ LOT # _____

PROJECT ADDRESS: _____ CITY _____ ZIP _____

OWNERS NAME: _____ ADDRESS: _____ PHONE#: _____

CONSTRUCTION TYPE: VB VALUATION/CONSTRUCTION COST _____ SQ. FT: _____ BATHROOMS _____ BEDROOMS: _____

NEW HOME _____ ADDITION _____ REMODEL EXTERIOR _____ REMODEL INTERIOR _____ DETACHED ACCESSORY BUILDING _____

OF STORIES: _____ SPLIT LEVEL: _____ GARAGE: _____ BASEMENT: YES ___ or NO ___ HISTORIC DISTRICT: YES ___ or NO ___ FLOODPLAIN: YES ___ or NO ___

DESCRIBE WORK _____

Contractors Name: _____

EMAIL: _____ CELL # _____

ADDRESS: _____ CITY _____ ZIP _____

STATE LICENSE #: _____ BUSINESS LICENSE #: _____
(CONTRACTOR) EFFECTIVE 7/1/07

SIGNATURE: _____ NAME OF CITY/COUNTY ISSUING LICENSE: _____

THIS MUST BE SIGNED IN FRONT OF PERMIT CLERK

*****OFFICAL USE ONLY*****

SETBACKS _____

NOTES _____

APPROVAL: ZONNING ADMINASTRATOR _____ DATE _____

APPROVAL: BUILDING INSPECTIONS _____ DATE _____