

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 PERMITMAY BE ISSUED. NO WORK MAY COMMENCE BEFORE THE ISSUANCE OF THE PERMIT *<u>ATTACH SITE PLAN THAT INDICATES LOCATION OF THE STRUCTURE AND SETBACKS*</u> *<u>ORIGINAL SIGNATURE OF GC REQUIRED ON EACH APPLICATION</u>*

| SUBDIVISION: | | LOT # | | |
|---|-----------------------------|---|---|--|
| PROJECT ADDRESS: | СПУ | | ZIP | |
| OWNERS NAME: | | | | |
| CONSTRUCTION TYPE: <u>VB</u> VALUATION/CONSTRUCTION COS | ST SQ. FT: | BATHROOMS | BEDROOMS: | |
| NEW HOME ADDITION REMODEL EXTERIOR | REMODEL INTERIOR | DETACHED ACCESORY B | UILDING | |
| # OF STORIES:SPLIT LEVEL:GARAGE:BASEME | CNT: YESor NO HISTORIC DIST | `RICT: YESor NO FLOOI | OPLAIN: YESor NO | |
| DESCRIBE WORK | | | | |
| Contractors Name: | | | | |
| EMAIL: | CELL # | | | |
| DDRESS: | | | | |
| STATE LICENSE #: (CONTRACTOR) EFFECTIVE 7/1/07 | BUSINESS LICENSE | СПҮ | ZIP | |
| SIGNATURE: | | | NAME (| |
| ***THIS MUST BE SIGNED IN FRONT OF PERMIT (| - | | | |
| ****** | ***OFFICAL USE ONLY***** | * | * | |
| SETBACKS | | | | |
| NOTES | | | | |
| APPROVAL: ZONNING ADMINISTRATOR | | DATE | | |
| APPROVAL: BUILDING INSPECTIONS | I | DATE | | |
| | | REVIS | SED 3/14/19 | |