

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	