

Town of Alto

162 S. Grant Street, Alto Ga. 30510

(706) 778-8035

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

SITE INFORMATION:

Site Address:	
Subdivision:	Lot /Unit:

OWNER INFORMATION:

Name or Business Name:	Phone:
Address:	City/ State/ Zip:

CONTRACTOR / BUILDER INFORMATION:

Name / Business Name:	Business License #:
Contact Person:	Phone:

Attach a copy of the contractor's state license, business license, and photo ID.

STRUCTURE INFORMATION

Estimated Cost of Construction: \$	MAX WIDTH AND DEPTH:
UTILITIES: <input type="checkbox"/> GA Power Co. <input type="checkbox"/> - EMC <input type="checkbox"/> Gas <input type="checkbox"/>	
# OF BATHS: _____ #OF BEDROOMS: _____	NUMBER OF STORIES: _____
PORCHES UNDER ROOF: Yes <input type="checkbox"/> No <input type="checkbox"/>	BASEMENT: Yes <input type="checkbox"/> No <input type="checkbox"/>
GARAGE: Yes <input type="checkbox"/> No <input type="checkbox"/>	CARPORT: Yes <input type="checkbox"/> No <input type="checkbox"/>
DRIVE UNDER: Yes <input type="checkbox"/> No <input type="checkbox"/>	BONUS ROOM: Yes <input type="checkbox"/> No <input type="checkbox"/>
CRAWLSPACE: Yes <input type="checkbox"/> No <input type="checkbox"/>	SLAB: Yes <input type="checkbox"/> No <input type="checkbox"/>
WATER METER RECEIPT#: _____ <i>Note: A copy of the receipt must be attached.</i>	SEPTIC TANK #: _____ <i>Note: A copy of the receipt must be attached.</i>
TOTAL SQ. FT. : _____ Includes 1 st & 2 nd floors, garages, and bonus rooms. Over garage or in attics, carports, porches, & basement, whether finished or unfinished.	
DECK DIMENSION: _____	DECK SQ. FT.: _____
LOT SIZE: (Width at road & depth): _____	ROAD FRONTAGE: _____
Directions to Job Site from our office: _____	

I HEREBY CERTIFY THAT I HAVE READ AND COMPLETED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND THIS DOCUMENT IS FOR INFORMATION PURPOSES AND NO WORK WILL BEGIN UNTIL A PERMIT HAS BEEN ISSUED.

SIGNATURE OF APPLICANT (State License Holder) _____ (DATE)