Town of Alto

162 S. Grant Street, Alto Ga. 30510

(706) 778-8035

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Site Address:									
Subdivision:		Lot /Unit:							
WNER INFORMATION:									
Name or Business Name:	Phone:								
Address:	City/ State/ Zip:								
CONTRACTOR / BUILDER INFORMATION:									
Name / Business Name:	Business License #:								
Contact Person:	Phone:								
ttach a copy of the contractor's state license, busine	ess license, a	and photo II	<u>)</u> .						
TRUCTURE INFORMATION									
Estimated Cost of Construction: \$	MAX WIDTH AND DEPTH:								
UTILITIES: GA Power Co EM	Gas /								
# OF BATHS: #OF BEDROOMS:	NUMBER OF STORIES:								
PORCHES UNDER ROOF: Yes No		BASEME	NT: Yes	T: Yes No No					
GARAGE: Yes No		CARPORT: Yes No							
DRIVE UNDER: Yes No		BONUS ROOM: Yes No							
CRAWLSPACE: Yes No		SLAB: Ye	es		No				
WATER METER RECEIPT#: Note: A copy of the receipt must be attache	SEPTIC TANK #:								
TOTAL SQ. FT.:	u.		01017100	<i>py «y</i> .		cop:			
Includes 1st & 2nd floors attics, carports, porche	, garages, a	nd bonus re	ooms. O	ver ga	rage o	r in ed.			
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.