



BUILDING PERMIT APPLICATION

PERMIT APPLICATIONS, PLANS AND/OR SUPPORTING DOCUMENTATION THAT ARE INCOMPLETE OR ILLEGIBLE WILL NOT BE ACCEPTED.

**PROJECT INFORMATION:**

LABOR & MATERIAL VALUATION: \$ _____

Project Name: _____
 Project Description: _____
 Street Address: _____ Suite # _____

APPLICANT INFORMATION:

Company Name: _____
 Contact Name: _____
 Address: _____ Suite # _____
 Phone: _____ Fax: _____ Email: _____

OWNER INFORMATION: Check here if same as applicant Check here if to certify owner permission

Owner's Name: _____
 Owner's Address: _____
 Phone: _____ Fax: _____ Email: _____

CONTRACTOR INFORMATION: Check here if same as applicant

Company Name: _____
 Contact Name: _____
 Address: _____ Suite # _____
 Phone: _____ Fax: _____ Email: _____

CONTRACTOR LICENSE INFORMATION:

State Trade License Numbers(s): _____
 Local Business License #: _____

CONSTRUCTION DETAILS New Addition Remodel Repair Other

Exterior Interior Description of Construction _____

Terms and Conditions

I certify that I have read the procedures for permits and inspections (or declined the opportunity to do so) and state that the information provided is correct. I agree to comply with all city ordinances and state laws relating to building construction and hereby authorize representatives of the city to enter the above-mentioned property for inspection purposes. I certify that I have a legal right to apply for this building permit and to authorize entry. I have received (or declined receipt of) a copy of these requirements.

Applicant's Name: _____

Applicant's Signature: _____ Date _____

MAKE CHECKS PAYABLE TO:

CITY OF SKYVALLEY
 3608 Highway 246
 Sky Valley, Georgia 30537

If any questions, call: (706) 746-2204 or email: cityclerk@skyvalleyga.com