



CITY OF SKY VALLEY DEVELOPMENT DEPARTMENT
TRADE PERMIT APPLICATION

FOR DEPARTMENTAL USE ONLY

PERMIT NO.:

RECEIVED BY / DATE:

\$0 Repair or Replace Same

\$25 New or Add-on

PERMIT APPLICATIONS, PLANS AND/OR SUPPORTING DOCUMENTATION THAT ARE INCOMPLETE, ILLEGIBLE OR SUBMITTED IN ERASABLE MEDIA WILL NOT BE ACCEPTED. TYPE OR PRINT CLEARLY USING PERMANENT BLUE OR BLACK INK.

1. SITE LOCATION OF WORK	2. PROPOSED PROJECT (CHECK ALL THAT APPLY):
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RESIDENTIAL COMMERCIAL | EMERGENCY REPAIR REPAIR NEW REMODEL OTHER _____

3. TYPE OF STRUCTURE (CHECK ALL THAT APPLY):

<input type="checkbox"/> COMM. BLDG	<input type="checkbox"/> CABANA	<input type="checkbox"/> OUTBUILDING	<input type="checkbox"/> GREENHOUSE	<input type="checkbox"/> POOL	<input type="checkbox"/> SIGN
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> CARPORT	<input type="checkbox"/> GARAGE	<input type="checkbox"/> MANF. / MOBILE	<input type="checkbox"/> PORCH	<input type="checkbox"/> STORAGE BLDG.
<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> DECK	<input type="checkbox"/> GATE	<input type="checkbox"/> MODULAR	<input type="checkbox"/> RETAINING WALL	<input type="checkbox"/> SUNROOM
<input type="checkbox"/> BASEMENT	<input type="checkbox"/> FIREPLACE	<input type="checkbox"/> GAZEBO	<input type="checkbox"/> PAVILION	<input type="checkbox"/> ROOF	<input type="checkbox"/> TOWER
<input type="checkbox"/> OTHER: _____					

4. TYPE OF PERMIT (CHOOSE ONE CATEGORY ONLY):

<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> CABLING / PANEL WORK <input type="checkbox"/> LIGHTING/RECEPTACLE/SWITCHES <input type="checkbox"/> PANEL / METERBASE UPGRADE <input type="checkbox"/> SERVICE CHANGE <input type="checkbox"/> SERVICE UPGRADE <input type="checkbox"/> T-POLE <input type="checkbox"/> *UTILITY POWER SUPPLY <input type="checkbox"/> *ELECTRIC HEATING UNIT <input type="checkbox"/> *GENERATOR / TRANSFER SWITCH <input type="checkbox"/> *NEW ELEC. SERVICE <input type="checkbox"/> *SOLAR PANELS <input type="checkbox"/> *OTHER _____ <small>*REQUIRES PLAN REVIEW RESIDENTIAL / COMMERCIAL</small>	<input type="checkbox"/> PLUMBING <input type="checkbox"/> BATHTUB/SHOWER <input type="checkbox"/> *DISHWASHER <input type="checkbox"/> FLOOR DRAIN <input type="checkbox"/> GARBAGE DISPOSAL <input type="checkbox"/> *GREASE TRAP / OIL SEPARATOR <input type="checkbox"/> SEPTIC LIFT PUMP <input type="checkbox"/> SINK / TUB <input type="checkbox"/> TOILET / BIDET / URINAL <input type="checkbox"/> WASHING MACHINE <input type="checkbox"/> WATERLINE <input type="checkbox"/> WATER FOUNTAIN <input type="checkbox"/> WATER HEATER CHANGE <input type="checkbox"/> WELL PUMP <input type="checkbox"/> *OTHER _____ <small>*REQUIRES PLAN REVIEW COMMERCIAL ONLY</small>	<input type="checkbox"/> MECHANICAL <input type="checkbox"/> A/C SYSTEM CHANGE or **CHILLER <input type="checkbox"/> HEATING SYSTEM CHANGE <small>(FURNACE/HEAT PUMP- MAX 2 PC EQUIP.)</small> <input type="checkbox"/> ADDITIONAL UNITS <small>(MORE THAN 2 PC OF EQUIP. / INDIV. UNITS)</small> <input type="checkbox"/> *STOVE / COOKTOP <input type="checkbox"/> *RANGE HOOD <input type="checkbox"/> *OTHER _____ <small>*REQUIRES PLAN REVIEW COMMERCIAL ONLY</small>
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5. OWNER'S INFORMATION: EMAIL:

NAME:

ADDRESS:

CITY: STATE AND ZIP:

DAY PHONE NO.: CELL NO.: FAX NO.:

6. APPLICANT'S / CONTRACTOR'S INFORMATION: EMAIL:

NAME: TITLE (CONTRACTOR, OWNER, ETC.):

BUSINESS NAME: BUSINESS LIC. NO.:

GEORGIA STATE LIC. NO.: GEORGIA STATE LIC. TYPE:

ADDRESS:

CITY: STATE AND ZIP:

DAY PHONE NO.: CELL NO.: FAX NO.:

7. CONTRACT AMOUNT OR CONSTRUCTION VALUATION:

CONSTRUCTION VALUATION: \$ _____ -OR- CONTRACT AMOUNT: \$ _____

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 SIGNATURE _____ DATE _____