



Building Permit Application

Permit # _____

Owner Name: _____

Application MUST be approved Prior to Start

This application is required on all new buildings, renovations, additions, decks and porches. With this application, you must follow the State Soil & Erosion Control standards

Please answer EVERY question for approval of this permit.

Date: _____ Property Owner Name: _____

Property Owner Mailing Address: _____

Contact Telephone Number: _____ Email Address: _____

Physical Address of Construction (911 Address): _____

Directions To Property: _____

Name of Contractor: _____

Type of Construction

Please Circle one:

Residential Residential Spec Commercial Renovation Electrical/ Mech.

Living Space Sq. Ft: _____ No of Decks: _____ No of Porches: _____

Rooms: _____ Bathrooms: _____ Estimated Cost: \$ _____

Basement Sq Ft: _____ Garage Carport Sq Ft: _____ Porches Sq Ft: _____

Expected Start Date: _____ Expected Completion Date: _____

If Renovation, Please list what you are changing to your property: _____

Property Information

Tax Map Reference: _____ Filed Plat Reference: _____ Land Lot: _____ District: _____

Does the Bldg/Structure exceed 35 feet high? Yes No Do you have Blue prints for bldg: Yes No If no blueprint, please attach a sketched drawing with dimensions to scale

Is this property on Flood Plain Yes No Set back requirements as follows: 10 Ft in Rear 10 Ft in Front 10 Ft on Sides

Is your lot on Lake Chatuge Yes No If Lot is on Lake Chatuge, is the building located 25 feet from the 1926 Contour Line Yes No

Does the property require the 50 Feet Stream Buffer set back required by State of GA EPD Yes No

Are you in Compliance with the Mountain Protection Ordinance Yes No

For property above 2,200 feet Elevation

Does the prop border any of the land of the US Forestry Service: Yes No

Does Your Drive need a Culvert: Yes No

Will a variance be required from EPD for the 25 Foot Buffer: Yes No

Authorization

I hereby Certify that the information contained in the Application is true and correct

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

DATE SENT TO PLANNING COMMITTEE (If Applicable): _____

DATE APPROVED BY COMMITTEE (If applicable): _____

MAYOR'S APPROVAL: _____ Date: _____

DISAPPROVAL REASONS: _____

Total Amount Paid:

Notice to the Towns County Property Owners and occupants. In accordance with O.C.G.A. 48-5-264.1, Please be advised that the Towns County Appraisal staff may be visting your property to review your parcel information. The field appraiser will be driving a marked County vehicle and will have photo identification

ELETRICAL PERMIT FORM

If requesting an Electrical Permit, please answer the following questions:

Service Provider: Georgia Power Blue Ridge EMC Other: _____
(Circle One)

Service Information: Above Ground Underground Temp Power Pole
(Circle One)

Type of Service: 0-200 AMP 201-400 AMP 401-600 AMP Over 600 AMP
(Circle One)

Gauge of Wire: _____ **Pool:** Yes No **Change Out:** Yes No

Tower: _____ **Sign:** _____ **Etc:** _____

Meter & Breaker Box Back to Back? _____ OR **Quick Disconnect Required?** _____

Contractor: _____

Mailing Address: _____

Phone No: _____ **Email:** _____

Occupational Tax No.: _____ **State Certificate No.:** _____

Permit Fee \$40.00