City of Rockmart <u>Application for Building Permit</u>



The city of Rockmart may require the reviewing of plans prior to the permit being issued. In the event this is the case, a professional certified architect, engineer or other design professional will need to prepare said plans for review.

_	<u>OFFICE USE:</u> Permit Number: _					
1	Date received:					
Permit Type:	ential, Commercial, PUD,	Industrial)	Parcel #: _			
Location of Constru	action Site:					
Name of Business of	or Company:					
Address:			Phone:			
City:		_	State:	_ Z	Zip Code:	
Owner of Property	and/or Agent:					
Address:		_	Phone:			
City:		State: _		_ Z	Lip Code:	
Architect/Engineer:	:					
Address:						
City:		=	State:	_ Z	Zip Code:	
General Contractor	:					
Address:			-	Phone: _		
City:		=	State:	_ Z	Zip Code:	
State Contractor's I	Licensed No.:					

Current Zoning of Property:	_ Occupancy Group:	(Residential, Commercial, PUD, Industrial)
What will structure be used for?		
Type of Construction to be used:		
Total Sq. Footage to be constructed:		
Total Lot Size:(Include total acreage	and so footage of lot)	
If apartment and/or duplex Total No.		
Construction Type: New Ad	ldition Remodel	Repair
Provide brief description of work to b	pe performed:	
Valuation of Property to be Construct	ted less property cost:	
Cost of Building / Construction Perm	it:	
Approved and Issued By:		Date:
The issuance of this permit signifies and authorizes the permitted party t Months of date issued. Failure to be period the permit shall become in refundable and the applicant must re-	o begin construction wegin construction walid and all fees p	immediately or within six (6) ithin the initial six (6) month previously paid shall be non-
Failure to secure proper permits prio permit fees being doubled without		

\$25.00 for each inspection and if violations or work is not completed upon re-inspection a fine of \$100.00 per day will be imposed until work is found to be in compliance with

City Code and development Regulations.



SUBCONTRACTORS

*(ALL SUBCONTRACTORS MUST COMPLETE A REGULATORY APPLICATION WITH THE CITY) *

ELECTRICAL

COMPANY NAME:		PHONE #:		
COMPANY ADDRESS:		· · · · · · · · · · · · · · · · · · ·		
(Zip)	(Street)	(City)	(State)	
EMAIL:				
MASTER LICENSE HOLDER'S				
STATE LICENSE #:				
LOCAL BUSINESS LICENSE ID				
SIGNATURE:				
	<mark>PLU</mark> 1	MBING		
COMPANY NAME:		PHONE #:		
COMPANY ADDRESS:	(Street)	· · · · · · · · · · · · · · · · · · ·		
(Zip)	(Street)	(City)	(State)	
EMAIL:		_		
MASTER LICENSE HOLDER'S	NAME:			
STATE LICENSE #:				
LOCAL BUSINESS LICENSE ID	:			
SIGNATURE:		DATE:		
	H	VAC		
COMPANY NAME:		PHONE #:		
COMPANY ADDRESS:				
(Zip)	(Street)	(City)	(State)	
EMAIL:		_		
MASTER LICENSE HOLDER'S				
STATE LICENSE #:				
LOCAL BUSINESS LICENSE ID				
SIGNATURE:		DATE: _		

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