

CITY OF SPRINGFIELD

APPLICATION FOR BUILDING PERMIT

Map# _____ Parcel# _____
Estimated Cost \$ _____
Permit# _____
Permit Fee \$ _____
Development Impact Fee \$ _____
City Water Impact Fee \$ _____
City Sewer Impact Fee \$ _____
Initial Water Fee \$ _____
Reuse Fee \$ _____
Initial Water Fee \$ _____

Date _____, 20____

New Address _____

Owner _____ Current Address _____
 Builder/Mobile Home Co. _____ Mailing Address _____

- | | | |
|---|--|--|
| | Construction Type | Use |
| <input type="checkbox"/> Erect | <input type="checkbox"/> Type I - Fire Proof | <input type="checkbox"/> 1-Family Residence |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Type II - Fire Resistive | <input type="checkbox"/> Duplex/Apartment |
| <input type="checkbox"/> Alter | <input type="checkbox"/> Type III - Heavy Timber | <input type="checkbox"/> Church |
| <input type="checkbox"/> Make Addition To | <input type="checkbox"/> Type IV - Non-Comb. Frame | <input type="checkbox"/> Private Garage |
| <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Type V - Ordinary | <input type="checkbox"/> Storage Building |
| <input type="checkbox"/> Re-Side | <input type="checkbox"/> Type VI - Wood Frame | <input type="checkbox"/> Pole Barn |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Barn |
| <input type="checkbox"/> Relocate | <input type="checkbox"/> # of Bedrooms _____ | <input type="checkbox"/> Carport |
| | | <input type="checkbox"/> Deck |
| | | <input type="checkbox"/> Porch |
| | | <input type="checkbox"/> Swimming Pool |
| | | <input type="checkbox"/> Sign |
| | | <input type="checkbox"/> Office/Warehouse |
| | | <input type="checkbox"/> Repair Garage |
| | | <input type="checkbox"/> Service Station |
| | | <input type="checkbox"/> Other (Specify) _____ |

No. Stories _____ Baths _____ Heated Area _____ Total Sq. Ft. Area _____
 Heating Type _____ Air Cond. Type _____ Type of Roofing _____
 Foundation _____ Interior Walls _____ Exterior Walls _____

 Size of Mobile Home _____ Make _____ Year _____ Serial# _____

FOR OFFICE USE ONLY

HEALTH DEPARTMENT	TAX COMMISSIONERS	TAX ASSESSORS

Zoning _____ Is property in flood zone? Yes No What is the Zone? _____
 Setback: Front _____ Side _____ Rear _____ Side(street) _____
 City Water City Sewer

I hereby make application for permit as follows, and if same is granted I agree to conform to all City of Springfield, Georgia ordinances regulating same and in accordance with plans and specifications submitted. I will not begin any construction (i.e. footing, foundation, etc.) until this permit has been issued and a copy posted on construction site. I certify that I understand all building and zoning requirements, including those "special" requirements for flood prone areas.

_____ Owner
 _____ Contractor/Agent
 Office/Home Phone _____ Cell _____