

**RESIDENTIAL BUILDING PERMIT
PERMIT APPLICATION**

City of Temple

P.O. Box 160 Temple, GA 30179

(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number _____ DATE _____

PROJECT Street Address: _____

Owner: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

Building Contractor: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

State Card Holder's Name: _____ State Card #: _____

Additional Permits Needed: Grading Electrical Plumbing HVAC
Job Type: New Addition Remodel Repair Move Demolition
Sewer Type: City Sewer Septic Tank
Location Type: Residential Apartments Industrial Commercial Accessory

ITEM	QTY	TOTAL
------	-----	-------

Heated Area _____ Sq/Ft	Unfinished Basement _____ Sq/Ft	Finished Basement _____ Sq/Ft
Carport and Garage _____ Sq/Ft	Porches and Decks _____ Sq/Ft	
Accessory Buildings _____ Sq/Ft		

Enter this information in the Permit Calculator

Pole Barns _____ Sq/Ft

BUILDING PERMIT COST:

 (From Permit Calculator) GEORGIA, CITY OF TEMPLE

PERSONALLY APPEARED BEFORE THE UNDERSIGNED ATTESTING OFFICER

 WHO ON OATH DEPOSES AND SAYS THAT THE STATEMENTS CONTAINED IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE AND CORRECT. APPLICANT FURTHER DEPOSES THAT HE IS AWARE THAT ANY KNOWINGLY FALSE STATEMENT MADE IN THE ABOVE APPLICATION WILL SUBJECT SAID APPLICANT TO PROSECUTION FOR VIOLATION OF GEORGIA CRIMINAL CODE, SECTION 26-2402 (FALSE SWEARING) AND A POSSIBLE FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT FOR NOT LESS THAN ONE OR NO MORE THAN FIVE YEARS OR BOTH.

DATE _____

SIGNATURE OF APPLICANT _____

**RESIDENTIAL ELECTRICAL PERMIT
PERMIT APPLICATION**

City of Temple

P.O. Box 160 Temple, GA 30179

(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

_____ Land Map Number BUILDING PERMIT # _____
Parcel Number DATE

Street Address _____

Electrical Contractor _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

State License Holders Name _____ State Lic.# _____

Please Check One: Low Voltage _____, Class I Restricted _____, Class II Unrestricted _____

Job Type: () New () Addition () Remodel () Repair () Move () Demolition

Location Type: () Residential () Apartments () Industrial () Commercial

POWER COMPANY: () EMC () GA POWER

LOAD: KW _____ AMP _____ VOLTS _____ PHASE _____

Total AMPS to be entered in
Permit Calculator

ITEM	QTY	TOTAL	ITEM	QTY	TOTAL
Furnace/Heater	_____	_____			
Jacuzzi/Hot Tub/Sauna	_____	_____	Fixed Heater	_____	_____
Heater	_____	_____	Vent Hood	_____	_____
401 & Larger (Per Amp)	_____	_____	Vacuum Circuit (central)	_____	_____
Pump	_____	_____	AC 5 Tons/less (per ton)	_____	_____
AC over 5 Tons (per ton)	_____	_____	FLOODLIGHTING		
Outlets & Switches	_____	_____	Window Unit (each)	_____	100-300 watts _____
Attic Fan	_____	_____	Fixtures	_____	1000 + watts _____
Clothes Dryer	_____	_____	Residential Security	_____	_____
Disposal Unit	_____	_____	CABLE/TELEPHONE SYSTEMS		
(Combined)	_____	_____	Dishwasher	_____	Residential _____
Range (Surface Unit)	_____	_____	Exhaust Fan	_____	On-Site _____
Swimming Pool	_____	_____	Range (Oven Unit)	_____	Range _____
			Service Equip. Check	_____	_____

TOTAL PERMIT COST: _____ (From Permit Calculator)

.....
All work shall conform to the latest edition of the National Electrical Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

.....
Office Use Only

Electrical Permit: () Paid Date: _____ Clerks Initials: _____

() Approved

() Denied

Reason: _____

←
This permit only valid with accompanying BUILDING PERMIT
→
RESIDENTIAL HVAC PERMIT PERMIT APPLICATION

City of Temple

P.O. Box 160 Temple, GA 30179
 (770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number _____ DATE _____

Street Address: _____

Mechanical Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

State Card Holder's Name: _____ State License # _____

GAS SYSTEM: () Atlanta Gas () Propane
Job Type: () New () Addition () Remodel () Repair () Move () Demolition

	11-25 Ton _____	6-10 Ton _____	Over 25 _____	
	ITEM			QTY
Furnace (0-100K BTU)				_____
Furnace (101-250K)				_____
Air Cond.	0-2 Ton			_____
	2 ½ - 5 Ton			_____
Heat Pump	0-2 Ton			_____
	2 ½ -5 Ton			_____
	6-10 Ton			_____
Heat Strip	0-10 KW			_____
	11-30 KW			_____
Bathroom Exhaust				_____
Dryer Vent				_____
Gas Lines				_____
Minimum Permit Fee:				_____

Enter BT U's or Tons as applicable in the Permit Calculator

TOTAL PERMIT COST: _____

(From Permit Calculator)

All work shall conform to the latest edition of the Georgia State Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

Office Use Only

Electrical Permit: () Paid Date: _____ Clerks Initials: _____
() Approved
() Denied Reason: _____

→ This permit only valid with accompanying BUILDING PERMIT ←

RESIDENTIAL PLUMBING PERMIT
PERMIT APPLICATION

City of Temple

P.O. Box 160 Temple, GA 30179
(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number DATE

Street Address _____

Plumbing Contractor _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

State Card Holder's Name: _____ State Card # _____

Job Type: () New () Addition () Remodel () Repair () Move () Demolition Sewer

Type: () City Sewer () Septic Tank

Location Type: () Residential () Apartments () Industrial () Commercial

ITEM QTY

(In-Line) Back Flow Preventor _____
Drinking Fountain _____
Bar Sink _____
Jacuzzi/Hot Tub _____
Dishwasher _____
Laundry Tub _____
Drain (Floor Area) Roof _____
Sewer Line P/FT Pipe Underground _____
Lawn Sprinkler _____
Water Line _____
Lavatories _____
Sewer Ejector _____
Sewer Tap _____

ITEM

Shower _____
Sinks _____
Fire (Per Bldg) _____
Sprinkler System) _____
Sump Pump _____
Urinals _____
Washing Machines _____
Toilet Water Closet _____
Water Heater _____
Bath Tub _____
Garbage Disposal _____
Other: _____
MINIMUM FEE @ 20.00 _____

TOTAL NUMBER OF FIXTURES: _____

(Enter this number in the Permit Calculator)

All work shall conform to the latest edition of the Southern Standard Plumbing Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

.....
Office Use Only

Electrical Permit: () Paid Date: _____ Clerks Initials: _____
() Approved
() Denied Reason: _____

—————→ **This permit only valid with accompanying BUILDING PERMIT** ←————
RESIDENTIAL GRADING PERMIT PERMIT APPLICATION

City of Temple
P.O. Box 160 Temple, GA 30179
(770) 562-3369 FAX (770) 562-9440
Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number BUILDING PERMIT #

Parcel Number DATE

Street Address: _____

Grading Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

State License Holders Name _____ State Lic.# _____

ITEM

TOTAL

Disturbed Area:

Less than 1 Acre _____
1 and above Acres _____

Total acreage to be entered
in Permit Calculator

Total: _____

TOTAL PERMIT COST: _____ (From Permit Calculator)

.....
All work shall conform to the latest edition of the Soil and Water Conservation Code, Environmental Protection Division Codes and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

.....
Office Use Only

Electrical Permit: () Paid Date: _____ Clerks Initials: _____
() Approved

() Denied

Reason: _____

—————→ **This permit only valid with accompanying BUILDING PERMIT** ←————

SIGN
PERMIT APPLICATION
 City of Temple
 P.O. Box 160 Temple, GA 30179
 (770) 562-3369 FAX (770) 562-9440
Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

SIGN PERMIT # _____

Parcel Number _____

DATE _____

PROJECT Street Address: _____

Owner: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

Building Contractor: _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

State Card Holder's Name: _____ State Card #: _____

Additional Permits Needed: Grading Electrical Plumbing HVAC
Job Type: New Addition Remodel Repair Move Demolition
Sewer Type: City Sewer Septic Tank
Location Type: Residential Apartments Industrial Commercial Accessory Sign

ITEM	QTY	TOTAL
_____	_____	_____ Sq/Ft

Permit Total Cost: _____
 (From Permit Calculator)

GEORGIA, CITY OF TEMPLE

PERSONALLY APPEARED BEFORE THE UNDERSIGNED ATTESTING OFFICER

_____ WHO ON OATH DEPOSES AND SAYS THAT THE STATEMENTS
 CONTAINED IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE AND CORRECT. APPLICANT FURTHER DEPOSES THAT
 HE IS AWARE THAT ANY KNOWINGLY FALSE STATEMENT MADE IN THE ABOVE APPLICATION WILL SUBJECT SAID
 APPLICANT TO PROSECUTION FOR VIOLATION OF GEORGIA CRIMINAL CODE, SECTION 26-2402 (FALSE SWEARING) AND A
 POSSIBLE FINE OF NOT MORE THAN \$1,000.00 OR IMPRISONMENT FOR NOT LESS THAN ONE OR NO MORE THAN FIVE YEARS
 OR BOTH.

DATE _____

SIGNATURE OF APPLICANT _____