

**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) 562-3369 (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
Pole Barns	_____	_____ Sq/Ft

Enter this information in the Permit Calculator

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) 562-3369 (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
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ITEM	QTY	TOTAL	ITEM	QTY	TOTAL
Furnace/Heater	_____	_____	Fixed Heater	_____	_____
Jacuzzi/Hot Tub/Sauna	_____	_____	Vent Hood	_____	_____
Water Heater	_____	_____	Vacuum Circuit (central)	_____	_____
401 & Larger (Per Amp)	_____	_____	Well Pump	_____	_____
AC 5 Tons/less (per ton)	_____	_____	FLOODLIGHTING		
AC over 5 Tons (per ton)	_____	_____	100-300 watts	_____	_____
Window Unit (each)	_____	_____	400-1000 watts	_____	_____
Outlets & Switches	_____	_____	1000 + watts	_____	_____
Fixtures	_____	_____	Residential Security	_____	_____
Attic Fan	_____	_____	CABLE/TELEPHONE SYSTEMS		
Clothes Dryer	_____	_____	Residential	_____	_____
Dishwasher	_____	_____	TEMPORARY CONSTRUCTION		
Disposal Unit	_____	_____	On-Site	_____	_____
Exhaust Fan	_____	_____	Temporary 60 Day	_____	_____
Range (Combined)	_____	_____	Service Equip. Check	_____	_____
Range (Oven Unit)	_____	_____	Swimming Pool	_____	_____
Range (Surface Unit)	_____	_____			

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) 562-3369 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number _____

DATE _____

Street Address: _____

Mechanical Contractor: _____

Address: _____

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

State Card Holder Name: _____ State License # _____

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

ITEM	QTY	
Furnace (0-100K BTU)	_____	
Furnace (101-250K)	_____	
Air Cond.	_____	
0-2 Ton	_____	
2 ½ - 5 Ton	_____	
6-10 Ton	_____	
11-25 Ton	_____	
Over 25	_____	
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:	_____	

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) 562-3369 (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	ITEM	QTY
(In-Line) Back Flow Preventor	_____	Shower	_____
Drinking Fountain	_____	Sinks	_____
Bar Sink	_____	Fire (Per Bldg Sprinkler System)	_____
Jacuzzi/Hot Tub	_____	Sump Pump	_____
Dishwasher	_____	Urinals	_____
Laundry Tub	_____	Washing Machines	_____
Drain (Floor Area) Roof	_____	Toilet Water Closet	_____
Sewer Line P/FT Pipe Underground	_____	Water Heater	_____
Lawn Sprinkler	_____	Bath Tub	_____
Water Line	_____	Garbage Disposal	_____
Lavatories	_____	Other: _____	_____
Sewer Ejector	_____	MINIMUM FEE @ 20.00	_____
Sewer Tap	_____		

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
 Approved

Date: _____ Clerks Initials: _____

Denied Reason: _____

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

**RESIDENTIAL GRADING PERMIT
PERMIT APPLICATION**

City of Temple

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

Inspection Request Line: (770) 562-3369 (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
() Approved

Date: _____ Clerks Initials: _____

() Denied Reason: _____

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

SIGN
PERMIT APPLICATION
City of Temple

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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
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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 _____