

**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:	<input type="checkbox"/> Grading	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> HVAC		
Job Type:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Demolition
Sewer Type:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank				
Location Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Apartments	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> 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