

**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 #: \_\_\_\_\_

<b>Additional Permits Needed:</b>	<input type="checkbox"/> Grading	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> HVAC		
<b>Job Type:</b>	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Demolition
<b>Sewer Type:</b>	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Tank				
<b>Location Type:</b>	<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