

PERMIT AUTHORIZATION

City of Avondale Estates, Georgia, 30002

Application is hereby made (in accordance with the requirements of the Zoning Ordinance and the Land Subdivision Regulations of the City of Avondale Estates pertaining to the regulation, relocation, construction, and use of buildings, structures and land; and any other applicable ordinances, rules and regulations) for a **PERMIT AUTHORIZATION TO ERECT/ALTER/DEMOLISH/MOVE/ETC.** and use a structure as described herein and according to the attached plans and specifications. The undersigned owner/building agree(s) to conform to all laws regulating same. Applicant is responsible for restoration of any and all damages to sidewalks, streets, pipelines, etc. which may result from this work.

PERMIT NUMBER: _____

Date: _____ **Job Location:** _____

Parcel ID: _____

| | | | | | | |
|---|---------------------|-----------------------------------|-------------------|-----------------------------|-------------------------|--|
| Cost Estimate: | | Construction Type: | | | HPC Date: | |
| Project Description: | | | | | | |
| NOTE: Once project is completed, please contact Permitting Concierge Coordinator at 404-294-5400 | | | | | | |
| Lot Size | | Size of Structure (Sq.Ft.) | | | | |
| | | Floor Area: | Basement: | Accessory Structure: | | |
| Height: | No. Stories: | No. Rooms: | No. Baths: | No. Kitchens: | | |
| Construction Materials: | | | | Roofing Materials: | | |
| Property Owner Name: | | | | | | |
| Address: | | City: Avondale Estates | | State: GA | Zip: 30002 | |
| Business Owner Name: | | | | | | |
| Address: | | City: | | State: | Zip: | |
| Contractor Name: | | | | | | |
| License# | | County/City: | | Phone: | Contractor Type: | |
| Address: | | City: | State: | Zip: | | |

FEES:

- Building Permit Fee: \$25
- Demo Fee: \$100 for Primary Structure/\$50 for Accessory Structure
- Inspection Fee (if applicable): \$57.81

NOTE: Contractors please provide a copy of your state and local business license when submitting permit authorization

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

| | | | | | | | | |
|----------------------------|--------------|-----------------|--------------|--|--|--|--------------------------------|--|
| Land Use: | | Zoned: | | APPROVAL | | | Method Payment | |
| SETBACKS | | | | Inspection Required by CPL ___ Yes ___ No | | | Cash <input type="checkbox"/> | |
| Right: | Left: | Front: | Rear: | | | | Check <input type="checkbox"/> | |
| Other: | | | | | | | Check# | |
| Conditional Zoning: | | Appeals: | | | | | Amt Paid: | |
| Comments: | | | | | | | Date Paid: | |

STATEMENT OF WAIVER

This is to affirm that all persons performing work pursuant to the Permit Authorization shall be allowed to use the toilet located on the property.

Applicant Signature

Revised: 1/23/15