



Single Inspection Building Permit Application

*****Shaded Area For Internal Office Use Only*****

Date Received: _____	Date Issued: _____	Building Permit Number: _____	Permit Fee: _____
----------------------	--------------------	-------------------------------	-------------------

Map/Parcel Number: _____ Old Map/Parcel Number: _____ Zoning: _____ Setbacks: F _____ R _____ SI _____ SS _____

Flood Zone _____ Wetlands Present: Yes _____ No _____ Power Company: _____

Project Address: _____ Lot/Unit#: _____ Development: _____ Lot Size: _____

Project Valuation: \$ _____ Electrical Plumbing Mechanical Window Other _____

Description of Work: _____

OWNER / CONTRACTOR INFORMATION

Owner: _____	Contractor: _____
Mailing Address: _____	Mailing Address: _____
Home Phone: _____	Contact Phone: _____
Work Phone: _____	State/Local License #: _____
Email Address: _____	Email Address: _____

All provisions of building codes, zoning ordinances, or other ordinances of Effingham County and that any omission of or misrepresentation of fact with or without the intention of the permit holder shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The granting of a permit does not presume to give authority to violate or cancel to provisions of any other state or local law regulating construction or the performance of construction and any alteration from this application. The permit holder will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The permit holder will be held legally liable for any violations which may occur with or without their knowledge. The permit holder may request a Certificate of Occupancy when all required inspections have been approved. As the permit holder I understand and agree and certify that I have read and examined this application and know the same to be true and correct.

Signature of Owner, Contractor or Authorized Agent **Print Name** **Date**