

## CITY OF SKY VALLEY DEVELOPMENT DEPARTMENT TRADE PERMIT APPLICATION

FOR DEPARTMENTAL USE ONLY
PERMIT NO.:
RECEIVED BY / DATE:
\$0 Repair or Replace Same
\$25 New or Add-on

PERMIT APPLICATIONS, PLANS AND/OR SUPPORTING DOCUMENTATION THAT ARE INCOMPLETE, ILLEGIBLE OR SUBMITTED IN ERASABLE MEDIA WILL NOT BE ACCEPTED. TYPE OR PRINT CLEARLY USING PERMANENT BLUE OR BLACK INK.

3. TYPE OF STRUCTURE (CHECK ALL THAT APPL  COMM. BLDG CABANA OUTBI SINGLE FAMILY CARPORT GARA MULTI-FAMILY DECK GATE	LY): SUILDING LGE	IR REPAIR NEW GREENHOUSE POOM POOM POOM POOM POOM POOM POOM POO	REMODE	L OTHER					
3. TYPE OF STRUCTURE (CHECK ALL THAT APPL  COMM. BLDG CABANA OUTBI SINGLE FAMILY CARPORT GARA MULTI-FAMILY DECK GATE	LY): SUILDING LGE	☐ GREENHOUSE ☐ PO	OL	L 🗆 OTHER					
COMM. BLDG CABANA OUTBU	SUILDING C	☐ MANF. / MOBILE ☐ POI ☐ MODULAR ☐ RET	OL DOL						
☐ SINGLE FAMILY ☐ CARPORT ☐ GARAI ☐ MULTI-FAMILY ☐ DECK ☐ GATE	iGE _	☐ MANF. / MOBILE ☐ POI ☐ MODULAR ☐ RET	OL DCU	3. TYPE OF STRUCTURE (CHECK ALL THAT APPLY):					
BASEMENT FIREPLACE GAZEE		GARAGE MANF. / MOBILE PORCH STORAGE BLDG.							
4. TYPE OF PERMIT (CHOOSE ONE CATEGORY ONLY):									
□ELECTRICAL □PI	LUMBING		MECH	ANICAL					
CABLING / PANEL WORK LIGHTING/RECEPTACLE/SWITCHES PANEL / METERBASE UPGRADE SERVICE CHANGE SERVICE UPGRADE T-POLE "*UTILITY POWER SUPPLY *ELECTRIC HEATING UNIT SERVICE HEATING UNIT SERVICE NEW ELEC. SERVICE **OTHER **OTHER	BATHTUB/SHOWER  *DISHWASHER  FLOOR DRAIN  GARBAGE DISPOSAL  *GREASE TRAP / OIL SEPARATOR  SEPTIC LIFT PUMP  SINK / TUB  TOILET / BIDET / URINAL  WASHING MACHINE  WATERLINE  WATER FOUNTAIN  WATER HEATER CHANGE  WELL PUMP  **OTHER*  *REQUIRES PLAN REVIEW COMMERCIAL ONLY		☐ A/C SYSTEM CHANGE or **CHILLER  ☐ HEATING SYSTEM CHANGE (FURNACE/HEAT PUMP- MAX 2 PC EQUIP.)  ☐ ADDITIONAL UNITS (MORE THAN 2 PC OF EQUIP. / INDIV. UNITS)  ☐ *STOVE / COOKTOP  ☐ *RANGE HOOD  ☐ *OTHER  * REQUIRES PLAN REVIEW COMMERCIAL ONLY						
5. OWNER'S INFORMATION:		EMAIL:							
NAME:									
ADDRESS:									
CITY:		STATE AND ZIP:							
DAY PHONE NO.:		CELL NO.:		FAX NO.:					
6. APPLICANT'S / CONTRACTOR'S INFORMATION:		EMAIL:							
NAME:	FITLE (CONTRACTOR, OWNER, ETC.):								
BUSINESS NAME:		BUSINESS LIC. NO.:							
GEORGIA STATE LIC. NO.:		GEORGIA STATE LIC. TYPE:							
ADDRESS:									
CITY:		STATE AND ZIP:							
DAY PHONE NO.:		CELL NO.:		FAX NO.:					
7. CONTRACT AMOUNT OR CONSTRUCTION VALUATION:									
☐ CONSTRUCTION VALUATION: \$ -OR- ☐ CONTRACT AMOUNT: \$									
I certify that I have read the procedures for permits and inspections (or declined the opportunity to do so) and state that the information provided is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter the above-mentioned property for inspection purposes. I certify that I have a legal right to apply for this building permit and to authorize entry. I have received (or declined receipt of) a copy of these requirements.  APPLICANT'S SIGNATURE  DATE									