



# City of Lovejoy

## Building Permit Application

2296 Talmadge Road, PO Box 220, Lovejoy, Georgia 30250  
www.cityoflovejoy.com • Phone: 770-471-2304

Residential     Commercial

**Minimum Fee \$300.00**

Submission Date: \_\_\_\_\_

Application is hereby made according to the laws and ordinances of the City of Lovejoy for a permit to erect, alter, and/or use a structure as described herein or shown accompanying plans and specifications, to be located as shown on plot plan and, if granted, will conform to all laws and ordinances regulating same.

SITE INFORMATION	Address					Project/Subdivision:		
	City		State	Zip	LL:	District:	Zoning:	
	Lot Dimensions		F:	D:	R:	Acres:	Lot:	Plan#
	<b>Purpose of Permit:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Demolition-Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Demolition <input type="checkbox"/> Re-Occupancy <input type="checkbox"/> Other			<b>Describe Use of Construction</b>			<b>Size of Structure</b> _____ x _____	

STRUCTURE INFORMATION	<b>Structure Type:</b> <input type="checkbox"/> Residential (1,2,3,4) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Apartment <input type="checkbox"/> Fee Simple <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Storage Bldg. <input type="checkbox"/> Duplex <input type="checkbox"/> Other							
	<b>Foundation:</b> <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement		<b>Heated Area:</b> Main _____ Upper _____ Lower _____ Other _____ Total _____					
	<b>Unfinished Area</b>		<b>Carport</b>		<b>Garage</b>			
	No. Stories		Height	No. Units	No. Rooms	No. Bedrooms	No. Baths	
	Sewage: <input type="checkbox"/> Public <input type="checkbox"/> Septic Tank <input type="checkbox"/> Well			<b>Check One:</b> <input type="checkbox"/> Georgia Power <input type="checkbox"/> Central GA EMC	<b>Cooling:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<b>Heating:</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<b>Fireplace:</b> <input type="checkbox"/> Prefab <input type="checkbox"/> Masonry	
	Exterior Finish Material					Estimated Construction Cost		

PROPERTY OWNER	Land Owner			Contractor		
	Address			Address		
	City	State	Zip	City	State	Zip
	Telephone:	Other		Telephone:	Other	
	Email:			State Card No.		

I hereby certify that the above permitted structure shall be built in accordance with the 1992 Georgia State Energy Code for Buildings.

Initial \_\_\_\_\_ This code regulates the design, erection, construction, alteration and renovation of buildings. Compliance is mandatory.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Owner's Signature: \_\_\_\_\_

\*Affidavit required if not signed by property owner      Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(if other than above)

NOTICE: Separate permits are required for electrical, plumbing, heating, ventilation, air conditioning or prefab fireplaces. This permit becomes null and void if work authorized is not commenced within six (6) months or if work is suspended or abandoned for a period of six (6) months at anytime after it begins.

**Proper permits must be obtained before work is begun or fees shall be doubled.**

### Do not complete the following - Office Use Only

Variance Required: Yes [Attach copy of application]	Plan Review Required: Yes    No
LDP Required: Yes [Attach copy of application]	Approved by: _____ Date: _____
Issued Date: _____	Total Fee: \$ _____
Issued by: _____	Payment Amount: _____ Payment Type: Cash    Check # _____ Credit Card    Money Order