



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#
	Purpose of Permit: <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					Describe Use of Construction		Size of Structure _____ x _____

STRUCTURE INFORMATION	Structure Type: <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								
	Foundation: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement				Heated Area: Main _____ Upper _____ Lower _____ Other _____ Total _____			TOTAL AREA:	
	Unfinished Area		Carport		Garage				
	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				Check One: <input type="checkbox"/> Georgia Power <input type="checkbox"/> Central GA EMC		Cooling: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Fireplace: <input type="checkbox"/> Prefab <input type="checkbox"/> Masonry
	Exterior Finish Material					Estimated Construction Cost			

PROPERTY OWNER	Land Owner			CONTRACTOR	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