

**APPLICATION FOR BUILDING PERMIT
FOR IMPROVEMENTS WITHIN THE HISTORIC DISTRICTS
CITY OF DULUTH, GEORGIA**
Office: (770) 476-1790 Fax: (770) 814-3008
Inspection Request Line: (770) 497-5333

DATE: _____ EXP. DATE: _____ PERMIT NO.: _____

The issuance of this permit authorizes improvements to the real property designated herein which improvements may subject such property to mechanics' and materialism's liens pursuant to Part 3 of Article 8 of Chapter 14 of Title 44 of O.C.G.A. Annotated. In order to protect any interest in such property and to avoid encumbrances thereon, the owner or any such person with an interest in such property should consider contacting an attorney or purchasing a consumer's guide to the lien laws which may be available at building supply home centers.

DESCRIPTION OF WORK (Please mark all that apply)		<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NON-RESIDENTIAL/COMMERCIAL	<input type="checkbox"/> MULTI-FAMILY
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> MAINTENANCE/REPAIRS OVER \$300	<input type="checkbox"/> DEMOLISH	<input type="checkbox"/> EXTERIOR RENOVATIONS
<input type="checkbox"/> MOVE BUILDING	<input type="checkbox"/> INTERIOR FINISH	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> SHELL ONLY	<input type="checkbox"/> OTHER _____

DESCRIPTION OF BUILDING (Please mark all that apply)		<input type="checkbox"/> GREENHOUSE/NURSERY	<input type="checkbox"/> HORSE STABLE/ACADEMY	<input type="checkbox"/> AGRICULTURAL USE/BUILDING
<input type="checkbox"/> GOLF/COUNTRY CLUB	<input type="checkbox"/> FISHING CLUB	<input type="checkbox"/> BANKS/FINANCIAL INST.	<input type="checkbox"/> CHURCH/TEMPLE/SYNAGOGUE/LODGE	
<input type="checkbox"/> OFFICE /PROFESSIONAL	<input type="checkbox"/> ART GALLERY	<input type="checkbox"/> RETAIL STORES < 3500 SF	<input type="checkbox"/> RESTAURANT/LOUNGE	<input type="checkbox"/> PUBLIC/SEMI-PUBLIC BUILDING
<input type="checkbox"/> PHOTOGRAPHY SHOP/STUDIO	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> APARTMENT/CONDOMINIUM	<input type="checkbox"/> DUPLEX/QUADRAPLEX	<input type="checkbox"/> FARMER'S MARKET
<input type="checkbox"/> SCHOOL/COLLEGE	<input type="checkbox"/> THEATER/PLAYHOUSE	<input type="checkbox"/> FRAT HOUSE/CLUB	<input type="checkbox"/> ACCESSORY BUILDING	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> TOWNHOUSE/BOARDING HOUSE	<input type="checkbox"/> TRIPLEX/ROOMING HOUSE			

PROJECT ADDRESS: _____ **SUITE:** _____ **BLDG. #:** _____

ZONING: _____ **TAX PARCEL NO.:** _____ **PROJECT NAME:** _____

BUILDING INFORMATION (NEW OR AFFECTED AREA ONLY):

STORIES: _____ **BASEMENT/SLAB/CRAWLSPACE:** _____ **WATER TAP NO.:** _____

ROOMS: _____ **TYPE CONSTRUCTION:** _____ **UNITS:** _____ **SEWER PERMIT NO.:** _____

BEDROOMS: _____ **BUILDING HEIGHT:** _____ **FLOOD ZONE:** _____ **SPRINKLER/UNPROTECTED:** _____

BATHS: _____ **EXISTING SQUARE FTG.:** _____ **NEW SQUARE FTG.:** _____ **EXTERIOR FAÇADE:** _____

VALUE OF CONSTRUCTION: \$ _____ **PERMIT FEE:** \$ _____ **REVIEW FEE:** \$ _____

REVIEW BOARD MTG. DATE: _____ **ACTION:** _____ **VERIFIED BY:** _____

BUS. LICENSE NO.: _____ **ISSUING AUTHORITY:** _____ **EXP. DATE:** _____

LAND OWNER OF RECORD: _____ **PHONE:** (____) _____

ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

GENERAL CONTRACTOR: _____ **PHONE:** (____) _____

ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

THE FOLLOWING MUST BE FOLLOWED AT ALL TIMES:

- Robertson Sanitation/United Waste Services, Inc. is the exclusive sanitation provider within the City of Duluth (770-921-7337 or 770-867-4367).
- No burning of builders debris or other treated materials or hand warming fires. Georgia Burn Ban May 1 thru September 30 annually.
- All landscaping, sidewalks, curb and gutter, roadway improvements, detention pond certified and cleaned out, must be completed prior to issuance of a C.O.
- No burial pits are permitted.
- Review by Downtown Development Authority and/or Downtown Review Board is required for any improvements to the exterior of a property within the CPD-R, CPD-C, HSO and CBD Districts.

As the owner of record, or the duly authorized agent of the owner of record, I hereby apply for permit to erect/alter and use the structure(s) as described herein and/or shown on accompanying drawings and specification. I agree to construct same according to the laws and ordinances of the City of Duluth and Gwinnett County. If construction lapses for a period of 12 months, the building permit shall expire and must be renewed for construction to commence. I am making application for a Certificate of Occupancy/Completion for the use described herein. I understand that the structure authorized by the permit shall not be occupied until all inspections have been made and the Certificate has been approved by the Gwinnett County Fire Marshal (if applicable) and issued by the Duluth Building Official. The undersigned hereby saves and holds the City of Duluth harmless from any and all causes of action, judgements, claims or demands, or from any liability or any nature arising from any non-compliance with any restrictive covenants, plat restrictions, deed restrictions, or any other restrictions that may have been established by parties other than the City of Duluth. Issuance of this permit does not release the owner/applicant from compliance with any and all City ordinances and regulations.

SIGNATURE: _____ **PRINT NAME:** _____

ISSUED BY: _____ **DATE OF ISSUANCE:** _____