

City of Guyton, Georgia

Established 1887

Working Together to Make a Difference

Application for Building Permit

Date: _____ Permit # _____ Estimated Cost \$ _____ Permit Fee \$ _____

Street Address: _____

Subdivision: _____

Lot #: _____ Lot Size: _____ Phase #: _____

Owner: _____

Address: _____ Phone #: _____

Permit for: New Construction _____ Renovation _____ Addition _____ Demolition _____

Type of Construction: Single Family Home _____ Commercial _____

Total Height _____ Number of Stories _____ Size of Building _____

Total Square Feet Area _____ Number of Units _____

Foundation _____ Outside Wall Finish _____

Roofing _____ Fireplace _____ Type _____

Number of Bedrooms _____

Mechanical Contractor: _____

Address: _____ Phone #: _____

Georgia License Number: _____ Class _____

Type System _____ Material _____

Insulation _____ Type Heating Unit _____

BTU; AC BTU _____ Number of Outlets _____ Number of Returns _____

Electrical Contractor: _____

Address: _____ Phone #: _____

Georgia License Number: _____ Class _____

Type Service _____ Amps _____ Circuits _____

Outside Disconnect _____

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Plumbing Contractor: _____

Address: _____ Phone #: _____

Georgia License Number: _____ Class _____

Sewage System _____ Water System _____

Health Department Approval _____

Number of Toilets _____ Number of Lavatories _____ Number of Tubs w/Shower _____

Number of Showers _____ Number of Water Heaters _____ Gallon Capacity _____

Laundry Sink _____ Lawn Sprinkler System _____

Builder/Contractor: _____

Address: _____ Phone #: _____

Georgia License Number: _____ Class _____

Architect/Agent: _____

Address: _____ Phone #: _____

Georgia License Number: _____ Class _____

Estimated Value/Cost of Building/Construction Value: \$_____

I hereby make application for permit outlined above, and if same is granted, will be responsible for all charges and assessments by the City of Guyton and certify that I understand all Building and Zoning requirements including those special city ordinances, wetlands and flood prone areas.

Applicant Signature

Application Date

Applicant Title:

Agent ___ Architect ___ Builder/Contractor ___ Owner ___

Plans and Specifications reviewed by:

Permit Cost: \$_____

Building Official

Date

Two (2) sets of Plans Stamped and Submitted along with application.

Please note: If this project fails any inspections, said re-inspection fees will be required to be remitted prior to the issuance of Certificate of Occupancy or Certificate of Completion.

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City of Guyton Building Permit

Permit Fee: \$ _____ Permit Number: _____

This Permit must be displayed on the building site before first inspection is called for. Call Guyton City Hall at 912.772.3353 twenty-four (24) hours in advance for inspection.

Owner _____ Phone Number _____

Location _____

Type of Construction _____ Use _____ Total Square Feet _____

Contractor _____ Phone Number _____

REQUIRED INSPECTIONS:

| Type | Comments | Approved By | Date |
|---------------------|----------|-------------|------|
| Slab | | | |
| Footings | | | |
| Setbacks | | | |
| Property Corners | | | |
| Under Slab Plumbing | | | |
| Framing | | | |
| Electrical | | | |
| Mechanical | | | |
| Plumbing Rough-In | | | |
| Temporary Power | | | |
| Nailing | | | |
| Insulation | | | |
| Permanent Power | | | |
| Final | | | |
| Other/Special | | | |

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Note: To be filled out by Permit Applicant and presented to the Building Inspector/Department at the time Permit is requested. A copy must be available at the job site for the Inspector's review.

New Building or Renovation? _____

Ceilings

Access to Attic Area (minimum R-3) List R-Value: _____
Flat Ceiling Insulation List R-Value: _____
Sloped Ceiling Insulation (UA Trade-Off Calculations Required;
min. R-19) List R-Value: _____

Walls

Cavity Insulation (Batt or Blow-In) List R-Value: _____
Insulated Sheathing List R-Value: _____
Attic Knee Wall Insulation (Air Barrier on Attic Side; min. R-18) List R-Value: _____

Fenestration

Window U-Factor (from label) List U-Factor: _____
Window SHGC (from label; maximum 0.40) List SHGC: _____
Skylight U-Factor (from label) List U-Factor: _____
Skylight SHGC (from label; maximum 0.40) List SHGC: _____
Door U-Factor List U-Factor: _____

Foundations

Floor Insulation List R-Value: _____
Basement Wall Insulation List R-Value: _____
Mass Wall Insulation (minimum R-5) List R-Value: _____
Vented Crawl Space: foundation vents installed per code Check: _____
Closed Crawl Space: minimum 6-mil (0.15 mm); poly is taped & extends up
wall 6 inches (153 mm) Check: _____

Air Leakage (see Section 402.4 & Appendix A)

Windows: Caulked, Sealed with 0.34 – 0.37 Air Infiltration Rate Check: _____
Doors: Sealed, Weather-Stripped (including those to unconditioned areas;
attic, unheated basements, etc) Check: _____
Sole Plate: Caulked or Sealed Check: _____
"Can" Lights: Properly Sealed Check: _____
Tubs/Showers on Exterior Walls: Properly Sealed Check: _____
Other Penetrations/Opening: Caulked, Sealed or Gasketed as necessary Check: _____

Heating/Cooling Efficiency

Gas or Propane Furnace (Minimum 78% AFUE) List AFUE: _____
Heat Pump (Minimum 7.7 HSPF) List HSPF: _____
Air Conditioner (Minimum 13 SEER) List SEER: _____
Other System(s): (e.g. Fuel Oil) List Type: _____
List Efficiency: _____
Duct Insulation (see Section 403.2, min. R-6/R-8) List R-Value: _____
Ducts: Sealed with Mastic or Code-Approved Tape List Sealant Method: _____

Mechanical Ventilation

Outdoor Air Intakes and Exhausts Installed with Automatic or Gravity Dampers Check: _____

Permit Applicant: _____ Permit Number: _____ Date: _____
Job Address: _____ Subdivision: _____ Lot Number: _____