City of Washington, Georgia Building & Roofing Permit

Return via Mail: Yoshe Jenkins, Permit Clerk P.O. Box 9 Washington, GA 30673 Return in Person: Yoshe Jenkins, Permit Clerk 102 E. Liberty St., #103 Washington, GA 30673

Location Number and Stree	et Name:		
Date:Expir	es: Permit	#:	Map & Parcel:
Owner Name:		Phone:	Cell:
Mailing Address:	 		
Contractor Name /Address	· 		
icense No: Telephone #:		Cell:	
Scheduled Completion:	Cost:	 	
Heated Sq. ft.:	eated Sq. ft.: Unheated Sq. ft.:		_Total Sq. ft.:
Basement: Yes No	Full Partial	Finished: Yes	No Sq. ft
# Of Stories (Exclude Basen	nent) Unu	sable Attic Space	e: YesNo
Type of Construction: New	Addition Renovat	ion Other _	Zoning:
	Put in Conspicuous	c Place on Joh Sir	to
This permit	with a set of specifications a		
·	address shown above during	_	• •
	_		
NAIL A b D 1	Foundations Inspect		
			Type:
Location on Lot:	Date of Inspectio	n:	_ Inspector:
	Foundation Inspection - Mo	odular and Regu	ılar Homes
New Home – Excavation: _	Forms:	Reinforcing:	Drainage:
Ground Treatment:	Footings:	Concrete Depth:	Concrete Block Size:
Location on Lot:	Date of Inspection:	Inspe	ector:
Wall 9 Doom Framing		spections	Chimnou
			Chimney:
		throoms:	# of Partial Bathrooms:
Date of Inspection:	inspector:		
Electrical Roughed in:	Main Switch Amps:	No. Circuits:	Electrical Supplier:
		spection	
Structure cleaned, complet	e and ready for occupancy: y	res no Re	e-Inspection Needed: yesno
Date of Inspection:	Inspector:		
T l	DO NOT OCCUPY THE BUILDI		
ine proper	ty owner/representative is re	sponsible for ob	otaining proper permits.
Signature			Permit Fee \$