CITY OF WASHINGTON, GEORGIA P. O. BOX 9/102 EAST LIBERTY STREET WASHINGTON, GA 30673 706-678-3277

BUILDING PERMIT

LOCATION NUMBER AND STREET NAME:		
DATE:EXPIRES:	PERMIT NO:	MAP&PARCEL:
OWNER NAME:	PHONE:	CELL:
MAILING ADDRESS:		
CONTRACTOR NAME /ADDRESS:		
LICENSE NO:	TELEPHONE NO:	CELL:
SCHEDULED COMPLETION:	COST:	HEATED SQ FT:
UNHEATED SQ FT:TOT	TAL SQ FT: BASEM	ENT: YES NO FULL
PARTIAL FINISHED: YES NO _	SQ FTNO. OF STORIES	(EXCLUDE BASEMENT)
USABLE ATTIC SPACE: YESNO	TYPE OF CONSTRUCTION: N	IEW: ADDITION:
RENOVATION: OTHER:		ZONING:
PUT IN CONSPUCUOUS PLACE ON JOB SITE		
THIS PERMIT, WITH A SET OF SPECIFICATIONS AND DRAWINGS ATTACHED MUST BE DISPLAYED AT THE		
ADDRESS SHOWN ABOVE DURING THE ENTIRE PERIOD OF CONSTRUCTION.		
	JNDATION INSPECTIONS:	
MOBILE HOMES:		
MH-ANCHOR RODS: TIE DO	WNS: UNDERPINNIN	NG: TYPE:
LOCATION ON LOT:	DATE OF INSPECTION:	
INSPECTED BY:		
MODULAR AND REGULAR HOMES:		
NEW HOME – EXCAVATION:	FORMS: REINFORCING	: DRAINAGE:
GROUND TREATMENT: FOOTINGS: CONCRETE DEPTH: CONCRETE		
BLOCK SIZE:LOCATION ON	LOT: DATE	OF INSPECTION:
BLOCK SIZE:LOCATION ON I	LOT: DATE	OF INSPECTION:
INSPECTED BY:	FRAME INSPECTIONS:	OF INSPECTION:
INSPECTED BY:	FRAME INSPECTIONS:	
WALL & ROOM FRAMING:HEA	FRAME INSPECTIONS: TING: A/C: CHIMNEY:	PLUMBING: ROOF:
WALL & ROOM FRAMING:HEAT NUMBER OF FULL BATHROOMS:	FRAME INSPECTIONS: TING: A/C:CHIMNEY:NUMBER OF PARTIAL BA	PLUMBING: ROOF: THROOMS: DATE OF
WALL & ROOM FRAMING:HEAT NUMBER OF FULL BATHROOMS:INSPECTED	FRAME INSPECTIONS: TING: A/C:CHIMNEY:NUMBER OF PARTIAL BA' BY: ELE	PLUMBING: ROOF: THROOMS: DATE OF CTRICAL ROUGHED IN:
WALL & ROOM FRAMING:HEAT NUMBER OF FULL BATHROOMS:INSPECTED MAIN SWITCH AMPS:NO. CII	FRAME INSPECTIONS: TING:A/C:CHIMNEY:NUMBER OF PARTIAL BADO BY:ELE RCUITS:ELECTRICAL S	PLUMBING: ROOF: THROOMS: DATE OF CTRICAL ROUGHED IN: UPPLIER:
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