



COMMUNITY DEVELOPMENT

BUILDING & PERMITTING DIVISION

240 Constitution Boulevard, 1st Floor

Dallas, GA 30132

Phone: 770-443-7571 * commdevpermits@paulding.gov * www.paulding.gov

APPLICATION FOR ACCESSORY BUILDING / GARAGE / REMODEL / ADDITION

This application shall be made in accordance with applicable requirements of Paulding County Ordinance and Code for a permit to erect, alter, repair, or use a structure as described herein and as required by the Building Permit.

Owner's Name:	Contractor:
Property Address:	Company Name:
City, State & Zip:	Address:
Telephone No.:	City, State & Zip:
Lot #:	Telephone No.:
Sub-Division:	Business License No.:

Purpose of Permit: _____ New Addition Alter Repair

Describe Use of Proposed Construction: _____

Lot Size: _____ Size of Structure (Total Sq. Ft.): _____ # Stories: _____ # Rooms: _____

Type of Construction (Materials): _____

Existing Sanitary Facilities: Sewer Septic Tank County Water Well

Indicate below all additional work (including work to be done by other sub-contractors) that will be done in relation to this permit to completely finish this job. Individual permits required.

- | | | | |
|---|--------------------------------------|--------------------------------------|--|
| <u>Electrical</u> | <u>Heating</u> | <u>Air Conditioning</u> | <u>Plumbing</u> |
| <input type="checkbox"/> Outlets / Switches | <input type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Lavatories <input type="checkbox"/> Commodes |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Bathtubs <input type="checkbox"/> Kitchen Sink(s) |
| <input type="checkbox"/> Power Connection | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other <input type="checkbox"/> Total Fixtures _____ |
| <input type="checkbox"/> Other _____ | | | |

Estimated Cost of Construction: _____ Permit Fee: \$150.00

I hereby certify that I have examined and understand all information on this application and that the above statements and information supplied by me are true and correct. All provisions of laws and ordinances governing work to be performed shall be complied with whether specified herein or not.

Applicant's Signature: _____ Date: _____

Office Use Only:

Tax Commissioner:	Community Development:
(Property Taxes Current / Paid)	Zoning Code:
Land Lot No.:	Min. Setbacks → Front: Rear: Sides:
Map No.:	Comments:
Parcel No.:	
	Environmental Health:
	Permit No./Approval:
Other:	

Building Permit No.: _____ Issued By: _____ Date: _____