



City of Lovejoy

Building Permit Application

2296 Talmadge Road, PO Box 220, Lovejoy, Georgia 30250
Phone: 770-471-2304

Residential Commercial

Minimum Fee \$200.00

Date: _____

Application is hereby made according to the laws and ordinances of the City of Lovejoy for a permit to erect, alter, and/or use a structure as described herein or shown accompanying plans and specifications, to be located as shown on plot plan and, if granted, will conform to all laws and ordinances regulating same.

SITE INFORMATION	Address					Project/Subdivision:			
	City		State		Zip	LL:	District:	Zoning:	
	Lot Dimensions			F:	D:	R:	Acres:	Lot:	Plan#
	Purpose of Permit:					Describe Use of Construction		Size of Structure	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Demolition-Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Demolition <input type="checkbox"/> Re-Occupancy <input type="checkbox"/> Other							_____ x _____		

STRUCTURE INFORMATION	Structure Type:									
	<input type="checkbox"/> Residential (1,2,3,4)		<input type="checkbox"/> Commercial		<input type="checkbox"/> Industrial		<input type="checkbox"/> Apartment		<input type="checkbox"/> Fe Simple	
	<input type="checkbox"/> Condo/Townhouse		<input type="checkbox"/> Swimming Pool		<input type="checkbox"/> Storage Bldg.		<input type="checkbox"/> Duplex		<input type="checkbox"/> Other	
	Foundation: <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement				Heated Area:				TOTAL AREA:	
					Main _____ Upper _____ Lower _____ Other _____ Total _____					
	Unfinished Area				Carport		Garage			
No. Stories			Height		No. Units		No. Rooms		No. Bedrooms	No. Baths
Sewage: <input type="checkbox"/> Public <input type="checkbox"/> Septic Tank <input type="checkbox"/> Well				Check One: <input type="checkbox"/> Georgia Power <input type="checkbox"/> Central GA EMC		Cooling: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		Fireplace: <input type="checkbox"/> Prefab <input type="checkbox"/> Masonry
Exterior Finish Material						Estimated Construction Cost				

PROPERTY OWNER	Land Owner			CONTRACTOR	Contractor		
	Address				Address		
	City	State	Zip		City	State	Zip
	Telephone:		Other		Telephone:		Other
			State Card No.				

I hereby certify that the above permitted structure shall be built in accordance with the 1992 Georgia State Energy Code for Buildings.
Initial _____ This code regulates the design, erection, construction, alteration and renovation of buildings. Compliance is mandatory.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Date: _____ Applicant Name: _____ Signature: _____

Date: _____ Owner's Name: _____ Owner's Signature: _____

*Affidavit required in if not signed by property owner

NOTICE: Separate permits are required for electrical, plumbing, heating, ventilation, air conditioning or prefab fireplaces. This permit becomes null and void if work authorized is not commenced within six (6) months or if work is suspended or abandoned for a period of six (6) months at anytime after it is begun.

Proper permits must be obtained before work is begun or fees shall be doubled.

Do not complete the following – Office Use Only					
TEMPORARY POLE (#) _____			\$100.00 _____		
Building – Sq. Ft. _____ x .65 = _____		Fireplace (#) _____ x 60.00 = _____			
Electrical _____ x .10 = _____		Garbage Disposal (#) _____ x 30.00 = _____			
Plumbing _____ x .10 = _____		Low Voltage (Minimum) 125.00 = _____			
HVAC _____ x .10 = _____					
Variance Required <input type="checkbox"/> Yes [Attach copy of application] Fee \$ _____ <input type="checkbox"/> No					
Plan Review Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Fee: _____ Approved by: _____ Date: _____					
LDP Fee Collected: <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No Permit Cost: _____ C.O. Fee: \$150.00 Total Fee: _____					
Issued by: _____ Payment Amount: _____ Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order					

Original- File

Yellow – Tax Assessor

Pink- Applicant

PERMIT Form A (REV 10/20)