

CITY OF BAXLEY PERMIT APPLICATION

Please print clearly and fill in all that apply.

PROJECT ADDRESS:									
	PROJECT OWNER		TENANT		ARCHITECT		DESIGNER		ENGINEER
NAME:					LICENSE/REGISTRATION #:				
ADDRESS:					NAME:				
CITY/STATE/ZIP:					COMPANY NAME:				
PHONE #:			FAX #:		ADDRESS:				
E-MAIL ADDRESS:					CITY/STATE/ZIP:				
TENANT COMPANY NAME:					PHONE #:		FAX #:		
Jurisdictions may require written approval from the owner.					E-MAIL ADDRESS:				
PROJECT CONTACT PERSON:					PHONE #:		FAX #:		
ADDRESS:					E-MAIL ADDRESS:				
<input type="checkbox"/> CONTRACTOR					<input type="checkbox"/> OWNER-BUILDER				
LICENSE#:			LICENSE CLASS:		PHONE #:				
COMPANY/NAME:					FAX #:				
ADDRESS:					E-MAIL ADDRESS:				
CITY/STATE/ZIP:					BUSINESS LICENSE #:				
<input type="checkbox"/> I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.									
SIGNATURE OF APPLICANT OR AGENT:					DATE:				
PLEASE PRINT NAME:									
TYPE OF CONSTRUCTION:			OCCUPANCY:			ZONE:			
FIRE SPRINKLERS <input type="checkbox"/> YES <input type="checkbox"/> NO			HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO						
EXISTING USE:					PROPOSED USE:				
ASSESSOR'S PARCEL #:		MAP:	LOT:	BLOCK:		SUBDIVISION:			
DESCRIPTION OF WORK: (PLEASE FILL-IN AND MARK ALL THAT APPLY)									
CONSTRUCTION VALUATION: \$									
<input type="checkbox"/> NEW BUILDING		<input type="checkbox"/> NONRESIDENTIAL		<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> TERMITE/DRY ROT REPAIR		<input type="checkbox"/> DEMOLISH	
<input type="checkbox"/> MOVE BUILDING		<input type="checkbox"/> ADDITION		<input type="checkbox"/> ALTERATION		<input type="checkbox"/> FOUNDATION ONLY		<input type="checkbox"/> CHIMNEY REPAIR	
<input type="checkbox"/> TEBANT IMPROVEMNT		<input type="checkbox"/> FIRE SPRINKLERS		<input type="checkbox"/> SIGN		<input type="checkbox"/> REPAIR/RETROFIT		<input type="checkbox"/> TREE REMOVAL	
<input type="checkbox"/> SWIMMING POOL/SPA		<input type="checkbox"/> FIRE REPAIR							
<input type="checkbox"/> OTHER					<input type="checkbox"/> COMBINATION PERMIT (ADDITIONAL INFORMATION MAY BE REQUIRED)				
DESCRIPTION:									

