

	147 Technology Parkway, Suite 200 Peachtree Corners, GA 30092 678-691-1200	Trade Permit Application	Permit No. _____

Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Application Date ____ / ____ / ____	Estimated Value of Work (Labor and Materials): \$ _____
	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replace		
Applicant Name: _____		Phone: _____	Email: _____

PROJECT INFORMATION

Job Site Address: _____		Subdivision: _____	
		Lot Number: _____	
Property Owner Information:			

Name	City	State	Zip Code Phone
Existing Building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Permit #: _____		
Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family	Number of Units: _____		
Scope of Work:			

CONTRACTOR INFORMATION

Business Name: _____		State Certification Number: _____	

Street Address	City	State	Zip Code Phone Fax
Occupational Tax Number: _____		City/County held: _____	

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 other state or local law regulating construction or the performance of construction.

Signature of Contractor / State License Number

Date

Applicant MUST attach a copy of

- Driver's License,
- State License Card, and
- Business License (Occupation Tax License)

FOR OFFICE USE ONLY		Application Accepted by: _____	
Administrative Fee: \$ _____	Permit Fee: \$ _____	TOTAL FEE: \$ _____	