



**Chatham County Department of Building  
Safety & Regulatory Services**  
P.O. Box 8161, Savannah, GA 31412-8161  
912-201-4300 - Fax 912-201-4301



Gregori S. Anderson, CBO  
Director

Clifford Bascombe, CBO, CFM  
Assistant Director

**RESIDENTIAL REPAIRS PERMIT APPLICATION**

P.I.N.: 1 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *PIN can be obtained from the Tax Assessors Office (912) 652-7271.*

Project Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot: \_\_\_\_\_

**Homeowner:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Person applying for permit:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Description of work to be performed:**

\_\_\_\_\_  
\_\_\_\_\_

Move a building from \_\_\_\_\_  
to \_\_\_\_\_

**Water:**       City     County     Private Utility     Community Well     Private Well

**Septic Tank:**     New                       Existing

**Sewer:**             City Sewer             County Sewer             Private Utility

**Contractor:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Local License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

State License # \_\_\_\_\_

**\*If SUBCONTRACTORS will be used - complete CHATHAM COUNTY SUBCONTRACTOR LIST form**

**\*If HOMEOWNER is doing the work - complete HOMEOWNER AFFIDAVIT form**

**Cost**

Building \$ \_\_\_\_\_ HVAC \$ \_\_\_\_\_

Plumbing \$ \_\_\_\_\_ Electrical \$ \_\_\_\_\_ **Total Cost \$ \_\_\_\_\_**

**Who will be responsible for calling in inspections?**

Owner       Contractor       Subcontractor

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**The following information must be submitted before a permit can be issued.**

- A. Subcontractor list with signatures / Homeowner Affidavit.
- B. Copy of current State and local business license for builder and all subcontractors.
- C. Two copies of a plot plan (not larger than 11 ½ by 17)
- D. Two sets of construction drawings with typical wall section attached to each set.

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Occupancy or Certificate of Completion when all required inspections have been approved.

Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_



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**CHATHAM COUNTY SUBCONTRACTOR LIST**

Job Location \_\_\_\_\_

Owner's Name \_\_\_\_\_

General Contractor \_\_\_\_\_

**PLUMBING**

Date \_\_\_\_\_

I hereby certify that I will perform the plumbing work for the project described above and I further certify that I have a valid State and Local Business Tax Certification (license).

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ELECTRICAL**

Date \_\_\_\_\_

I hereby certify that I will perform the electrical work for the project described above and I further certify that I have a valid State and Local Business Tax Certification (license).

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MECHANICAL**

Date \_\_\_\_\_

I hereby certify that I will perform the mechanical work for the project described above and I further certify that I have a valid States and Local Business Tax certificate (license).

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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**HOMEOWNER AFFIDAVIT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address of Project: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

To Whom It May Concern:

I do hereby certify that I am the owner of the above referenced dwelling and am requesting the right to perform the detailed work on the attached application. This is a single-family dwelling and I am now (or will be, when the construction is complete) residing at the location.

I understand it is a violation of State law for me to hire anyone, other than a licensed contractor, to assist me in this task. I understand that any violations of this agreement will be just cause for the permit to be voided and legal action may be taken against me which could result in my loss of electrical service.

Signature of Owner:

\_\_\_\_\_

NOTARY:

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



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**TEMPORARY ELECTRICAL SERVICE AFFIDAVIT**

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

This letter is to confirm the understanding of the owner/contractor to the compliance requirement of the Georgia State Minimum Construction Codes.

I hereby declare that the requested temporary electrical power is intended for the completion of the construction process and the testing of equipment installed within the structure. Electrical service will be released for thirty (30) days only. Temporary service will be automatically disconnected, except for approved.

It is understood and agreed by the undersigned that the issuance of temporary power **DOES NOT** constitute approval to occupy the structure. **A Certificate of Occupancy must be issued prior to the structure being occupied.**

The owner/contractor is hereby held responsible for any violations to this policy. A violation of this policy constitutes a violation of the Chatham County Ordinance and may result in the discontinuance of the electrical service.

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_



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## **All Developers, Consultants, Contractors, and Property Owners**

### **Fees**

A non-refundable plan review fee of \$2.00 per thousand dollars of the construction value shall be collected at the time of application. The plan review fee is deducted from the permit fee so there is no increase in the total expense of the permit. Commercial permit fees are assessed at \$7.00 per thousand dollars of construction value based on the greater of \$100/sq. ft. and the submitted value.

### **Permit Posting**

The permit holder or agent shall post the permit on a piece of plywood attached to a two by member, at least three feet above grade and visible from the right-of-way. The permit must be protected and the readability maintained throughout the duration of the project. The permit must be posted from commencement of the work until the Final Inspections have been completed and passed. Failure to post and maintain the permit will result in the schedule inspection being automatically failed and a \$30.00 re-inspected fee assessed at that time. A re-inspection request would be required for the next available day, after the fee is paid. This action is taken in compliance with the Administrative Section of the International Code and State Residential Construction Code.