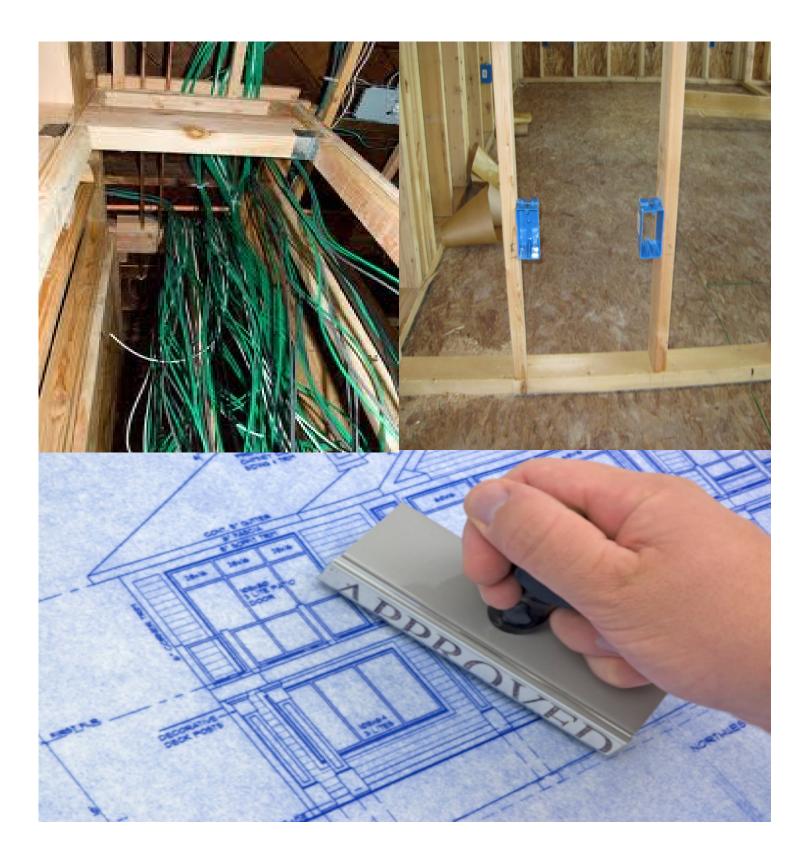


BUTTS COUNTY COMMUNITY DEVELOPMENT DEPARTMENT 625 West Third Street, Suite 3 Jackson, Georgia 30233

LOW VOLTAGE PERMIT APPLICATION





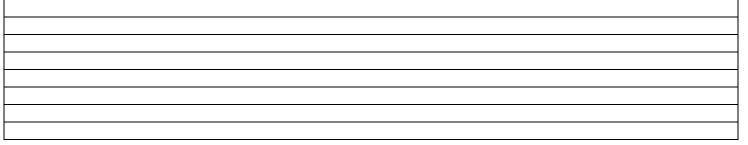
Permit #_____

Date _____

LOW VOLTAGE PERMIT APPLICATION

Applicant's Name	Tel. #	E- Mail Address	E- Mail Address	
Applicant's Address	City	State	Zip Code	
Applicant Status: Owner A	Agent	Developer/ or Contractor	Tenant	
Contractor's Name	Tel. #	License #	License #	
Contractor's Address	City	State	Zip Code	
Project Site Address	City	State	Zip Code	
		TION DETAIL		
	ilti-Family w I	y Apartments Existing	Commercial New Exist	ing
Item Description	# of Units	1		# of Units
Security System (Hard –Wired Applications)				
Fire Alarm				
Smart house or energy management systems				
Lighting-Indoor				
Lighting control systems				
Underground Sprinkler System				

Description of Work



The following documents are required:

Proof of ID	Yes	No	Proof of State License	Yes	No
Proof all Taxes Paid	Yes	No	Copy of Low Voltage Plan	Yes	No

The Applicant agrees to comply with all Butts County ordinances and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, express or implied, of the Community Development Department and certifies that all the above information is accurate. Failure to comply may result in suspension or revocation of this permit and / or other penalties.

- All work requiring a permit must be totally exposed for inspection purposes.
- ***** Double fees shall be charged if work is started before permit is issued.
- ***** This permit is in effect for six (6) months from date of issuance.

Signature of Applicant

Signature - Butts County Inspector

Date

Date