



**BUTTS COUNTY PLANNING & DEVELOPMENT
DEPARTMENT**
625 West Third Street, Suite 3 ~ Jackson, Georgia 30233 Office
770-775-8210 ~ Fax 770-775-8225
www.buttscountyga.com

Trade Permit Application

<input type="checkbox"/> Electrical	PERMIT _____
<input type="checkbox"/> Mechanical	ESTIMATED VALUE (Labor and Materials): \$ _____
<input type="checkbox"/> Plumbing / Gas	PERMIT FOR POWER RESTORATION Y ____ N ____
	MASTER BUILDING PERMIT(if applicable) _____

JOB SITE ADDRESS: _____ **SUBDIVISION/PROJECT NAME:** _____ **LOT/SUITE #:** _____

STAND ALONE? ____ Y ____ N ____	IF NO – GC COMPANY NAME: _____
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Job Description: _____

Property Owner	Name: _____
	Address: _____ Phone: _____

Trade Contractor	Business Name: _____
	Email: _____ License: _____
	Address: _____ Phone: _____

# of Plumbing Fixtures: _____	CONTACT PERSON <i>If permit is for power restoration</i> NOTES FOR INSPECTOR <i>Example: Lock box code, hidden key, etc.</i>	_____
# of HVAC Units: _____		_____
# of Service Amps: _____		_____

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started. Separate permits are required for electrical, plumbing, and mechanical work.

I hereby certify that I have read and examined this application and the information provided herein is true and correct. No changes shall be made from that which is stated in this application, or in attached plans and specifications. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I further certify that all construction will comply with all adopted codes, ordinances, and that there may be a fee associated with obtaining a permit.

Signature of Licensed Cardholder: _____ Date: _____

FOR OFFICE USE ONLY	Application Accepted by: _____
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Notes:				

Administrative Fee:	Permit Fee:	Total Fee:	DATE OF SUBMITTAL
\$ _____	\$ _____	\$ _____	____ / ____ / ____