



Residential Building Permit Application

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Updated **JUNE 2023**

NOTICE TO APPLICANTS

A site plan (one complete set of plans and a digital set of plans) must accompany a residential application. Permit Holder agrees to hold the City of Pooler harmless on any construction covered by the permit resulting in construction of wetlands. This permit becomes null and void if work or construction authorized is not commenced within a six-month period or if construction or work is suspended or abandoned for a period of six months at time after work is commenced. Inspections may be scheduled at www.pooler-ga.gov.

OFFICE USE ONLY

Permit Number: _____ PIN: _____

Special Conditions: _____

Flood Zone: _____ Plan Review Fee: _____ Permit Fee: _____

Reviewed by: _____ Date: _____

Project Information

Project Address _____ Subdivision _____

Lot Number _____

Lot Size _____ Building Size _____ Total Sq.Ft. _____ Building Height _____

Number of Stories _____ Number of Baths _____ Number of Bedrooms _____

Owner Name _____ Owner Mailing Address _____ Owner Phone _____

Owner Email _____ Owner Phone _____

Contractor Name _____ Contractor Mailing Address _____

Contractor Email _____ Contractor Phone _____

Architect/Engineer Name _____ Architect/Engineer Mailing Address _____



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Architect/Engineer Email

Architect/Engineer Phone

Secondary Permittee Name

Secondary Permittee Mailing Address

Secondary Permittee Email

Secondary Permittee Phone

Use

Single Family Residential Townhome Condominium

Describe Work

\$ Valuation of Work

Type of Insulation

Type of Termite Treatment

Affidavit

In consideration of the granting of the above requested permit, I do hereby agree that I will in all respects construct the work in accordance with the above statement and the Plans and Specifications herewith submitted, and filed in the Planning & Development - Building & Inspections Department and in compliance with all the state and local Laws and Ordinances regulating construction. Further, I understand that I am responsible for Best Management Practices (BMPs) for this property pursuant to Code Section 42-33 of the City of Pooler Code of Ordinances. BMPs shall be installed and inspected if within fifty (50) feet of any wetland or stream, prior to land disturbance.

Applicant Name

Applicant Signature

Date



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb

Authorized Permit Agent Form (ONE FORM PER PERMIT)

This form may be used by a qualifying agent to designate an individual to obtain a permit on his/her behalf for a project for the qualifying company. The contractor should submit an original Authorized Permit Agent Form for each project for which he/she has designated an individual to pull permits. This designated individual shall further be identified as the authorized permit agent. This notarized form with an **ORIGINAL SIGNATURE (no copies or faxes accepted)**, a copy of the contractor's license, a copy of the contractor's company license, and a copy of the driver's license of the authorized permit agent is to be given to the permit office in the city or county in which the project is located. **DO NOT SEND A COPY OF THIS FORM TO THE BOARD OFFICE UNLESS REQUESTED.**

License verification by permitting office should be completed by visiting <http://verify.sos.ga.gov/verification>

Name of Qualifying Agent:	
Contractor License # (Attach a copy of license.)	
Name of Licensed Company:	
Company License # (Attach a copy of license.)	
Name of Authorized Permit Agent: (Attach a copy of driver's license.)	

PROJECT (an original form is required for each project):

Company listed on contract:	
Property Owner's Name:	
Street Address:	
Apartment or Suite #	
City, State, Zip:	

I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) for the project listed above. The undersigned, being licensed as a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Original Signature of Qualifying Agent (no copies or faxes accepted)

State of _____ County of _____

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires: