

City of Helen

BUILDING PERMIT APPLICATION FORM

*** ALL APPLICABLE BLANKS MUST BE COMPLETED - NO P.O. BOX ADDRESSES - PLEASE PRINT LEGIBLY***

Building Permit No.: _____ Residential Commercial
 Application Date: _____ Applicant is: Owner / Agent Contractor / Agent
 Work is: New Building/ Structure Addition Interior Finish Alteration/ Renovation Damage Repair
 Require PDRB Approval? Yes No PDRB Hearing/ Approval Date: _____

PROPERTY INFORMATION

Project Street Address _____
 Suite/Lot Number: _____ Zoning District: _____

OWNER/CONTRACTOR INFORMATION

Property Owner: _____ Tel. No. _____
 Street Address: _____ Suite No. _____
 City: _____ State: _____ Zip: _____
Contractor: _____ Tel. No. _____
 Street Address: _____ Suite No. _____
 City: _____ State: _____ Zip: _____

WORK INFORMATION

Project Name _____
 Briefly Describe Work: _____
 Foundation is: Slab-on-Grade Crawlspace Basement Pilings Other: _____
 Associated Work? HVAC Plumbing Electrical Low Voltage Fire Suppression Grease Trap
 Project Square Footage Area: _____ Project Construction Cost: \$ _____
 Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B
 Primary Use Group: _____ Use: _____
 Existing Structures on Lot? Yes No Briefly Describe ALL: _____

PERMIT FEES

Building				
ITEM	NO.	CODE	FEE	TOTAL
Valuation/ Permit Fee		44	Per Fee Schedule	
Administrative Fee		45	\$15.00ea.	
Plan Review		44	Permit Fees x .5	
Miscellaneous		14		
Other		54		
Total Building Permit Fees \$				

CERTIFICATION -AFFIRMATION

"I certify by my signature below, as the person/agent authorized to execute this document, application is hereby made according to the ordinances and statutes of the State of Georgia and the City of Helen for a permit to construct or alter a building or structure as described herein and shown on the construction documents. Further, I fully understand that separate trade permits are required for electrical, mechanical, plumbing, and low voltage systems installations. If said permit(s) be granted by the City, I agree to conform to all ordinances and statutes regulating same."

Applicant Printed Name: _____
 Applicant Signature: _____
 Building/Zoning Administrator Signature: _____

Contact Jonah Casper, Building/Zoning Administrator, for scheduled inspections.

jcasper@cityofhelen.org Cell: 706-970-1818