

# MINOR REPAIR PERMIT APPLICATION

This application is not for new decks, pools or new one- and two-family dwellings.



## Building Department

25 LaGrange Street  
Newnan, GA 30263  
Ph. 678-673-5413 Fax 770-254-2361  
Email – permits@newnanga.gov



Project Address: \_\_\_\_\_  
Number and Street Subdivision

Occupant Name and Contact #: \_\_\_\_\_  
Name Contact Phone Number

Contractor Name and Contact #: \_\_\_\_\_  
Name Contact Phone Number

Project type to include:

- Window replacement, siding replacement, deck repairs, etc.
- \$25.00 plus \$50.00 per 1,000 sq ft of building footprint improved (no plan review fee)

Total square footage of building footprint: \_\_\_\_\_ Estimated cost of project: \_\_\_\_\_

Description of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Occupant or Contractor

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date



# OCCUPIED OWNER AFFIDAVIT

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

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

**The City of Newnan, in an attempt to satisfy requests from owners to perform work on owner-occupied property and in considering the safety and welfare of the general public, ask that you read and agree to each of the following statements before receiving a permit.**

Please initial each statement acknowledging the following:

1. As an owner-builder I must abide by all zoning ordinances in affect at the time of the permit application \_\_\_\_\_.
2. All construction must be in accordance to the construction codes at time of permitting as defined and adopted by the State of Georgia Dept. of Community Affairs \_\_\_\_\_.
3. The Building Official and the inspectors are not to design or provide professional building advice for this project \_\_\_\_\_.
4. As General Contractor for this project, I am to phone in all inspections before cover-up \_\_\_\_\_.
5. The City of Newnan nor the Building Department will not mitigate any contract disputes that may arise with sub-contractors \_\_\_\_\_.
6. Any compensated person or company for work performed are required to have a business license, and HVAC, Plumbing, and Electrical contractors are to pull their own permits \_\_\_\_\_.
7. Employed persons injured on this project are entitled to workers compensation benefits \_\_\_\_\_.

I hereby certify that I am the owner occupant, have read, understand and initialed the above statements.

\_\_\_\_\_  
Signature of Owner Occupant