

# RESIDENTIAL IMPROVEMENT PERMIT APPLICATION

This application is not for 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:
- Accessory structures greater than 200 square - *site plan required, signed off by zoning - construction drawing required, including foundation to be submitted to building dept.*
  - Additions that **will** increase roof area or house footprint - *site plan required, signed off by zoning - construction drawing required, including foundation to be submitted to building dept.*
  - Alteration or Renovation that will **not** increase roof area or house footprint – *site plan usually not required (a small percentage of these projects will require a site plan signed off by zoning) construction drawing required to be submitted to building dept.*

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Basement Finish-Out                                | Gas Appliances in project area?     | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | Basement studs installed?           | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | Exterior walls currently insulated? | <input type="checkbox"/> yes <input type="checkbox"/> no |
|   | Bathroom stubbed-up?                | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Proposed bedrooms contain operable window/door that leads directly outside? |                                     | <input type="checkbox"/> yes <input type="checkbox"/> no |

Total square footage of improved area: \_\_\_\_\_ Estimated cost of project: \_\_\_\_\_

Is there an automatic sprinkler system in this house?  yes  no

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

Include a drawing of work to be done, showing all walls, windows, doors and appliances. Show footing sizes, lumber sizing and spacing, beam dimensions and spans if they are used in your project. Dimensions must be shown, and drawing shall be to scale, (a permit will not be issued without a drawing). A graph sheet and a nomenclature sheet are provided for your use.

I understand that any HVAC, Plumbing and Electrical work requires notarized affidavits.

I understand that I am to phone in all inspections for this project and will be responsible for complying with all construction codes as adopted by the State of Georgia DCA.

\_\_\_\_\_  
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. Employed persons injured on this project are entitled to workers compensation benefits \_\_\_\_\_.

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

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