APPLICATION FOR BUILDING PLAN REVIEW PERMIT

100 S Hill St Griffin, Ga. 30223
Phone (770) 233-4130 Fax (770)233-2915

DESCRIPTION OF BUILDING(Please mark all that apply)

____Single Family ____Multi-Family ____Commercial ____Restaurant ____Church
____Industrial ____Historical ____Other_____

Date:_____

Project Address:_____

General Contractor:_____Phone#:_____

Address:_____City/State/Zip:_____

Applicant Name:_____Phone#:_____
(If Different From Contractor)

Address:_____City/State/Zip:_____

Building Information (New or Affected Area Only)

Acres:_____ Stories:_____ Building Height:_____ Existing Sq Ftg:_____ New Sq Ftg:_____

Sprinkled: Yes/No Number Of Exits:_____ Atriums: Yes/No Interior Stairs: Yes/No

Exterior Stairs: Yes/No Elevators: Yes/No Area of Alteration Over 75 Square Feet: Yes/No

Print Name:_____Signature:_____

Office Use Only

Tax Map_____ Block_____ Lot #_____ Zoning_____ Min. Lot Size_____
Min. Dwelling Size_____

Setbacks: Front_____ Side_____ Rear_____

Building Inspector Approved to Issue Permit: _____

Denied To Issue Permit: _____