PL DWIN COUNTY AND	Ba	Idwin County I	-	nit Application ager be issued the same day.		
TH HO & DEVELOP		1601 N Colu	Baldwin County Planning and Development 1601 N Columbia St, Suite 200   Milledgeville, GA 31061  478-445-4205			
Residential						
Georgia Power		Tri-County EMC	Washington EMC	Oconee EMC		
		Building permits will no	ot be processed unless eve is fully completed and fille	ry item on the checklist		
<u>Baldwin County Health Department</u> 101 Ireland Dr Milledgeville, GA 31061 478-445-4274		Ent D Fully completed permit	Fully completed permit application along with a signed Sub Contractor Affidavit.			
			□ Driveway permit (Can be applied for in the Planning & Development office.)			
		Copy of DOT Driveway	Copy of DOT Driveway Permit (If applicable)			
<u>Baldwin County Water Department</u> 1601 N Columbia St, Suite 130 Milledgeville, GA 31061 478-445-4237		[] 1 physical conv OB 1 el	I physical copy OR 1 electronic of house plans (Elevations and floor plan)			
			Copy of plat showing footprint of structures and distances from property line setback distances (Available in the Clerk's office, 112 N Wilkinson St, Suite 209)			
		Health Department Ser	Health Department Septic approval			
		· ·	••			
Job site address:						
(Street, City, State, Zip Code)						
Job Description:						
Total Heated Sq. Ft. :		Total Unheated Sq	. Ft. : Job V	aluation:		
Property Owner Name : Address ( <i>If</i>		:				
		If different from job site address):				
General Contractor	Busine	ss Name :				
License #: _						
	Job site	e contact & phone number :				
specifications, except by su for such change. Granting	ubmitting of a perm	it shall not be construed as a permit fo	cifications and receiving approva r or an approval of any violation o	l of the Chief Building Official / Inspector of the Building Code or any other state		
or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.						
Signature of Applicant or Permittee Date						
Addressing Coordinator Approval Fire		Fire Department Approval	Planning & Development Appro	val County Manager Approval		
	DATE	SIGNATURE/INTIALS DATE	SIGNATURE/INTIALS DA			



## Baldwin County Building Permit Application Sub Contractor Affidavit

This form may be used in lieu of subcontractors submitting individual affidavits The primary contractor shall submit this form with all applicable subcontractors prior to the issuance if the building permits.

Job site address:				
Electrical Contractor				
	Business Name			
	Phone Number			
	Owner Name			
Signature of licensed card holder or authorized agent	License #			
	License Expiration Date			
Mechanical Contractor				
	Business Name			
	Phone Number			
	Owner Name			
Signature of licensed card holder or authorized agent	License #			
	License Expiration Date			
Plumbing Contractor				
	Business Name			
	Phone Number			
	Owner Name			
Signature of licensed card holder or authorized agent	License #			
	License Expiration Date			
<b>STATEMENT OF PRIMARY CONTRACTOR</b> : I hereby certify that the above signatures are for the license holder or their authorized agent of the job referenced above, of which I am the primary contractor. I understand that any change of subcontractor shall be permissible proved written notification is first submitted to Baldwin County Planning and Development.				
Signature of primary contractor or authorized agent Date				
	Sworn and subscribed before me this day of, 20			
Notary Seal	Notary Public – Please notarize with official seal			