

City of Camilla  
P.O. Box 328  
Camilla, Georgia 31730



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## GENERAL PERMIT APPLICATION

BUILDING     ELECTRICAL     PLUMBING     MECHANICAL (GAS-A/C-HEAT)

**WORK CATEGORY:**

RESIDENTIAL  
NEW  
ALTERATION  
SIDING ONLY  
OTHER: \_\_\_\_\_

COMMERCIAL  
ADDITION  
MOVE STRUCTURE  
ROOF ONLY

INDUSTRIAL  
REPAIR  
DEMOLITION  
ACCESSORY STRUCTURE

**JOB ADDRESS:** \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_  
\_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HISTORICAL BUILDING:**  YES (attach Certificate of Appropriateness)     NO

**IS PROPERTY ZONED R-2 SUB?**  YES     NO

If yes, does it meet the following: (1) The main structure is not less than 20' wide and has no less than 1000 sq.ft. of living space; and (2) The roof pitch on main structure is no less than 7/12  
*All R-2 SUB zones shall otherwise be governed by the ordinance for R-2 zoning as stated in the City of Camilla Zoning Ordinance. This permit shall become null and void if work or construction authorized for a period of 6 (six) months at any time after work is commenced.*

I CERTIFY I HAVE EXAMINED THIS APPLICATION AND THE INFORMATION SHOWN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. BUILDERS ARE RESPONSIBLE FOR STRICT COMPLIANCE WITH ALL APPLICABLE CITY ORDINANCES AND GOVERNMENTAL REGULATIONS. BUILDERS ARE RESPONSIBLE FOR COMPLYING WITH SUBDIVISION PROTECTIVE COVENANTS AND REQUIRED SETBACKS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

APPLICATION ACCEPTED BY: \_\_\_\_\_  
PLANS CHECK BY: \_\_\_\_\_  
APPROVED FOR INSURANCE BY: \_\_\_\_\_

FIXTURE FEE: \$ \_\_\_\_\_  
PERMIT FEE: \$ \_\_\_\_\_  
INSPECTION FEE: \$ \_\_\_\_\_  
COST OF CONSTRUCTION: \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_ **APPLICATION NO.:** \_\_\_\_\_