



State Licensing Board for
Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: _____ **Individual** _____ **Qualifying Agent**

Name of licensed person _____

*Please attach a copy of Individual license or Company License (Reflects company and qualifying agent license number)

License number of individual or qualifying agent: _____

Name of licensed company(if applicable) _____

License number of company(if applicable): _____

I, _____, hereby designate
Licensed Individual or Qualifying Agent

_____ to apply for and obtain the permit(s) for the

*Please attach a copy of the authorized permit agent's driver's license.

project at:

Street address

Apartment or Suite Number

City

Zip Code

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20__

Signature of Notary Public _____

(Seal)

Request for Occupation Tax Information

The following list must be filled out and turned into this office with the building permit application

Owner _____ Date _____

General Contractor _____ State License Number

Job Location _____

	<u>Business Name</u>	<u>Occupation Tax Number</u> (Business License Number)	<u>State License Number</u>
Footing Contractor	_____	_____	_____
Slab Constructor	_____	_____	_____
Framing Contractor	_____	_____	_____
Electrical Contractor	_____	_____	
Heating & Air Contractor	_____	_____	
Plumbing Contractor	_____	_____	
Roofing Contractor	_____	_____	_____
Insulation Contractor	_____	_____	_____
Drywall Contractor	_____	_____	_____
Painting Contractor	_____	_____	_____
Carpet Contractor	_____	_____	_____
Brick Mason	_____	_____	_____
Siding Contractor	_____	_____	_____
Cornice & Eaves	_____	_____	_____
Well Driller	_____	_____	_____
Landscaper	_____	_____	_____
Land Clearing	_____	_____	_____
Septic Tank	_____	_____	_____
Termite Contractor	_____	_____	_____

This is to certify that the above listed sub-contractors have current Effingham Occupation Tax, if sub-contractor is not from Effingham County a copy of their current Occupation Tax is required.

Sign _____ General Contractor/Home Owner



Effingham County

Development Services

Building Inspections Division

904 North Pine Street, Springfield, GA 31329 (office)
 601 North Laurel Street, Springfield, GA 31329 (mailing)
 912-754-2128 (office) 912-754-2151 (fax)

buildinginspections@effinghamcounty.org

Sign Permit Application

*****Shaded Area For Internal Office Use Only*****

Date Received: _____	Date Issued: _____	Building Permit Number: _____	Plan Review Fee: _____	Permit Fee: _____
Zoning Approval: _____		Plan Reviewer: _____		

Map/Parcel Number: _____ Old Map/Parcel Number: _____ Zoning: _____ Setbacks: F _____ R _____ SI _____ SS _____

Flood Zone _____ Wetlands Present: Yes _____ No _____ Power Company: _____

Project Address: _____ Electrical Electrician: _____

Size of sign: Length: _____ Width: _____ Height: _____ Total Area: _____ Wind Speed Design: _____

Description of Work: _____

- Permanent Sign
 Temporary Sign /
 New Sign
 Existing Sign
 Replacement Sign
 Freestanding
 Banner
 Wall Mounted

OWNER / CONTRACTOR INFORMATION

Owner: _____	Contractor: _____
Mailing Address: _____	Mailing Address: _____
Home Phone: _____	Contact Phone: _____
Work Phone: _____	State/Local License #: _____
Email Address: _____	Email Address: _____

All provisions of building codes, zoning ordinances, or other ordinances of Effingham County and that any omission of or misrepresentation of fact with or without the intention of the permit holder shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The granting of a permit does not presume to give authority to violate or cancel to provisions of any other state or local law regulating construction or the performance of construction and any alteration from this application. The permit holder will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The permit holder will be held legally liable for any violations which may occur with or without their knowledge. The permit holder may request a Certificate of Occupancy when all required inspections have been approved. As the permit holder I understand and agree and certify that I have read and examined this application and know the same to be true and correct.

Signature of Owner, Contractor or Authorized Agent Print Name Date

- Sign Application Completed
 Construction Plans
 Site Plan