TURNER COUNTY BUILDING PERMIT APPLICATION

APPLICANT

Permit #:_____ (County Use Only)

Name: Phone: (H) (W)

Address: City: State/ZIP:

Name of Property Owner (if different):

Name of Contractor:

Name of Septic System Installer (if applicable):

Comments by reviewer:

DEVELOPMENT SITE/LOCATION

Site Address:

Legal Description:

Comments by reviewer:

TYPE OF APPLICATION

(check all that apply)

___ Building Permit (new structure)
___ Building Permit (remodeling)
___ Building Permit (accessory building)
___ Moving Permit
___ Appeals Form
___ Demolition Permit
___ other:_____

Comments by reviewer:

ADDENDUM NEEDED FOR THE FOLLOWING

(check all that apply)

___ Conditional Use Permit (Concentrated Animal Feeding Operations)
___ Conditional Use Permit (the proposed use must be listed as a Conditional Use in the particular zoning district)
___ Variance (relates to yard requirements, lot requirements, off-street parking requirements, etc.)
___ Zoning Amendment (to change zoning district boundaries or zoning designation of a particular parcel of land)

Comments by reviewer:

PLEASE DESCRIBE THE PROPOSED WORK:

(be specific as to size of buildings, lots, construction materials, etc.) (attach additional sheets as necessary)

Value of the construction or improvement: $

(see "BUILDING PERMIT FEES" at the top of the reverse side of this form for more information)

Comments by reviewer:

PLEASE DESCRIBE THE PROPOSED USE WHEN COMPLETED:

Comments by reviewer:

*REMEMBER TO ATTACH A SITE PLAN / MAP SHOWING THE PROPOSED WORK * (see site plan explanation attachment)*

SIGNATURE OF APPLICANT

I, the undersigned, agree to comply with all provisions of the Zoning Regulations and County Ordinances of Turner County, and to comply with any approved plans and specifications accompanying this application.

Signature of Applicant Date

___ Permit Approved

___ Permit NOT Approved. Reasons:

Signature of Authorizing Official Title Date