

Clay County Board of Commissioners
 147 Wilson Street Suite 1
 Fort Gaines, GA 39851
 Office: 229.768.3238
 Fax: 229.768.3672
Billingclerk@claycountyga.net



Fee: _____
 Received by: _____
 Date Received: _____
 Time Received: _____
 Permit Number: _____

*Please attach a drawing indicating lot and building addition placed within the lot boundaries with measurements. A copy of the building plan blueprint or drawing with measurements is required at time of application.

§ 31-3-5.1. Conformity prerequisite to building permit

No building permit for the construction of any residence, building, or other facility which is to be served by a sewage management system shall be issued by or pursuant to the authority of a county governing authority unless the sewage management system installation permit is in conformity with standards contained in Code Section 31-2-7 for sewage management systems. No person, firm, corporation, or other entity shall install a sewage management system in violation of the provisions of Code Section 31-2-7 or the regulations of a county board of health adopted pursuant to the authority of Code Section 31-3-5. Each county governing authority shall provide by ordinance or resolution for the enforcement of the provisions of this Code section.

APPLICATION FOR BUILDING PERMIT

Name of Applicant: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Project Type: Single Family Residence: _____ Multi Family Residence: _____ Commercial: _____

Project location: Street Address: _____

Subdivision Name: _____ Parcel and Lot Number: _____

Project Contractor: _____ Project Owner: _____

Use: New Construction: _____ Accessory Structure: _____ Addition: _____ Alternations/Repairs: _____

Details: # of Bedrooms: _____ Baths: _____ Fireplace: _____ Power Co: Georgia Power _____ or EMC _____

Detached Garage: _____ Other: _____

Heated Sq. Feet: _____ Unheated areas: (Deck, carport, etc.) _____

Type of Heat: Electrical: _____ Mechanical: _____ Gas: _____ Dual: _____

Footing materials: _____ Exterior Wall materials: _____

Sewer: _____ Septic: _____ Plumber Name: _____

Heating & Air: _____ Electrician name: _____

Total Sq. Ft. of Project: _____ Estimated Cost: _____

Are there any existing residences or accessory building on this property? Yes: _____ No: _____

Please list all structures: _____

Water supplied by: Clay County Water: _____ Private Well: _____

Does the new structure meet all side, front and back setbacks? Yes: _____ No: _____

For Office Use Only

Date Inspected by Code Enforcer: _____ Signed: _____

Approved: _____ Disapproved: _____ If disapproved, why or what corrective actions need to be taken? _____

Permit Issued by: _____ Date: _____
 County Clerk or Administrator

This permit becomes NULL AND VOID if work or construction authorized is not commenced within six months of permit issue date.