

TOWN OF HOMER  
PLANNING and ZONING  
BUILDING INSPECTION and PERMITTING  
706-677-3510  
www.cthomer@windstream.net

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Residential Building Permit Application

PERMIT TYPE: NEW      ADDITION      BASEMENT FINISH      RENOVATION  
JOB ADDRESS: \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_  
OWNER: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Builder Name: \_\_\_\_\_ Business License # \_\_\_\_\_  
Contact Person: Phone # \_\_\_\_\_  
POWER COMPANY: \_\_\_\_\_ GAS CO: \_\_\_\_\_  
ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

STRUCTURE: WIDTH AND DEPTH \_\_\_\_\_ Number OF STORIES: \_\_\_\_\_  
# OF BATHS \_\_\_\_\_ #OFBEDROOMS \_\_\_\_\_ BASEMENT: Yes \_\_\_ No \_\_\_  
PORCHES UNDER ROOF: Yes \_\_\_ No \_\_\_ GARAGE: Yes \_\_\_ No \_\_\_  
CARPORT: Yes \_\_\_ No \_\_\_ DRIVE UNDER: Yes \_\_\_ No \_\_\_  
BONUS Room: Yes \_\_\_ No \_\_\_ SLAB: Yes \_\_\_ No \_\_\_  
CRAWLSPACE: Yes \_\_\_ No \_\_\_ SEWER: Yes \_\_\_ No \_\_\_  
WATER Meter RECEIPT # \_\_\_\_\_ SEPTIC TANK # \_\_\_\_\_ DATED ISSUED \_\_\_\_\_

TOTAL SQ. FT. \_\_\_\_\_ (INCLUDES 1<sup>ST</sup> & 2<sup>ND</sup> FLOORS, GARAGES, and BONUS ROOMS.  
OVER GARAGE OR IN ATTICS, CARPORTS, PORCHES, & BASEMENT, (WHETHER FINISHED OR  
UNFINISHED) DO NOT INCLUDE DECK SQUARE FOOTAGE IN WITH THE TOTAL SQ. FT

*DECK SIZES*

*Deck SQ FT*

LOT SIZE: WIDTH AT RD. & DEPTH \_\_\_\_\_

**CALL 706-677-3510 TO SCHEDULE ALL INSPECTIONS.**

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(This is to be filled out only if homeowner is applying for the permit.)

PERMIT NO. \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**HOMEOWNER (DAY LABOR) PERMIT AFFIDAVIT**

(For new construction, additions and alterations)

The undersigned hereby applies for special consideration as a property owner desiring to build or renovate his-her own residence. In making this request for a "home owner" permit, the undersigned states the following to be true.

- Applicant must reside in completed structure and does not plan to offer same for sale for a period of 24 months as per OCGA Section 43-41-17.
- Applicant will serve as the general contractor, and accept inherent responsibilities for the work authorized by the issued permit. In the event that the responsibility to supervise and manage the project is given to another person, that person is required to have a Georgia State contractor's license as per OCGA 43-41-17.
- Applicant agrees to hire **properly licensed contractors** for any work that is further sub-contracted. (Ex. Electrical, Plumbing, HVAC, etc.)
- Property described in permit application is currently owned and occupied by applicant.
- Applicant agrees to build in accordance with all applicable codes and strictly adhere to the inspection schedule. Undersigned acknowledges that inspections must be performed in an established sequence and that work done in violation of the codes must be corrected or may be ordered removed.

Applicant acknowledges that he-she is aware that a permit issued under the provisions of the code **may be revoked for false statements or misrepresentation** as to the material fact in the application on which the permit was based.

Applicant further acknowledges that he-she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 26-2402 (False Swearing) calls for a possible fine of not more than \$1,000.00 or imprisonment for not less than one (1) nor more than five (5) years, or both.

Applicant Signature \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day

Of \_\_\_\_\_ 20\_\_\_\_\_

Notary \_\_\_\_\_

Commission Expires: \_\_\_\_\_

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**Residential Only**

BUILDING PERMIT NUMBER \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

JOBSITE ADDRESS \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_

This is to certify that I am responsible for the (PLEASE CHECK ONE) \_ Electrical \_ Plumbing \_ HVAC

*YOU WILL NEED TO ATTACH A COPY OF YOUR STATE CARD.*

Please check on below for the type of license you hold and are using for this job:

- Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 200 amps)
- Electrical Contractor Class II (Unrestricted)
- Master Plumber Class I (Restricted to S/F, 1 level Duplex and Commercial up to 10,000 sq. ft.)
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I (Restricted to 60,000 ETU Cooling and 175,000 ETU Heating)
- Conditioned Air Contractor Class II (Unrestricted)

In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Homer Building Inspections has been notified, in writing, of any change.

SIGNATURE (ORIGINAL) \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

STATE LICENSE NUMBER (PLEASE INCLUDE ALL LETTERS) \_\_\_\_\_ EXPIRES \_\_/\_\_/\_\_

COMPANY NAME \_\_\_\_\_

COMPANY STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESSPHONE: \_\_\_\_\_

**SUB-CONTRACTOR AFFIDAVIT**