

(BP) Number:

For Office Use

Date submitted for BP:

For Office Use

If plan submitted PR#:

For Office Use

General Information:

Primary contact – full name: _____

Contact phone number: _____ Fax number: _____

Contact email address: _____

Project name / tenant: _____

Complete site address: _____

(specify building and suite #) _____

Directions to job/site: _____

Contractor information – complete [state license verification](#) form to be submitted when you get permit

Full contractor business name: _____

FC Business LIC./ Reg. number: _____ GA state license number: _____

Phone number: _____ Fax number: _____

Complete address: _____

Property owner information:

Full name: _____

Phone number: _____ Fax number: _____

Complete address: _____

Check All that Apply: Will you be altering or removing any of the following.

☐ Electrical

☐ Plumbing

☐ Mechanical

Any of the above boxes checked will require to fill out the applicable portions on the next page

Will you be removing or altering any load bearing walls? ☐ Yes ☐ No (If Yes submit plans)

Will you be removing or altering any Fire rated walls? ☐ Yes ☐ No (If Yes submit plans)

*****No New Construction Is Allowed With This Permit*****

Sign below to acknowledge that Forsyth County utilizes the Site Development Process, the Business License Application Process, and/or requests for Certification of Zoning Compliance to verify that a proposed use is in conformance with the Unified Development Code and other applicable requirements. Applicants seeking a permit for a specific end-user are encouraged to utilize one of these options prior to construction; building permits are not reviewed for conformance with use/zoning related issues. If the proposed use of the site or building was undetermined prior to approval of Site Development Plans, or has changed since approval, the applicant may revise the Site Development Plan. An application for a FC Business License, or request for a Certificate of Zoning Compliance (UDC 7-6.2) are the only other ways to obtain staff review of use issues.

Print Name

Applicant / Owner signature

Date

Sub-Contractor requirement form

Electrical Permit

Plumbing Permit

Mechanical permit

Business names: _____

Forsyth County Business LIC/REG#: _____ Georgia State Contractors LIC #: _____

This is to certify that I am responsible for this installation & compliance with the Georgia State Energy Code for buildings as it applies to this installation: _____ (Initial) _____

Contractors Signature: _____

Notary public

Electrical Permit

Plumbing Permit

Mechanical permit

Business names: _____

Forsyth County Business LIC/REG#: _____ Georgia State Contractors LIC #: _____

This is to certify that I am responsible for this installation & compliance with the Georgia State Energy Code for buildings as it applies to this installation: _____ (Initial) _____

Contractors Signature: _____

Notary public

Electrical Permit

Plumbing Permit

Mechanical permit

Business names: _____

Forsyth County Business LIC/REG#: _____ Georgia State Contractors LIC #: _____

This is to certify that I am responsible for this installation & compliance with the Georgia State Energy Code for buildings as it applies to this installation: _____ (Initial) _____

Contractors Signature: _____

Notary public

Notary public required if permit is being pulled by someone other than the License contractor.



**State Licensing Board for Residential and General Contractors
Authorized Permit Agent Form**

Licensed Contractor: ____ Individual ____ Qualifying Agent

Name of Licensed Person: _____
Please attach a copy of Individual License or Company License

License Number of Individual or Qualifying Agent: _____
Please attach copy of Qualifying Agent License

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 permits.

AUTHORIZED SIGNATURE

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 me before me this _____ day of _____, 20____

Notary Public Signature

Seal