

**CITY OF BLYTHE**  
 294 Church St. Blythe, GA 30805  
 (706) 592-6255 – Fax (706) 592-0511  
**PERMIT APPLICATION**

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

BUILDING - ELECTRICAL - PLUMBING - MECHANICAL - CONSTRUCTION

**PLAN SUBMITTAL  
OFFICE USE ONLY**

Received By \_\_\_\_\_ / \_\_\_\_ / 20  
DATE

Building Plan Review \_\_\_\_\_ / \_\_\_\_ / 20  
DATE

Man. Hm. Plan Review \_\_\_\_\_ / \_\_\_\_ / 20  
DATE

Accessory Bldg./Carport Plan Review \_\_\_\_\_ / \_\_\_\_ / 20  
DATE

Driveway Permit \_\_\_\_\_ / \_\_\_\_ / 20  
DATE

**Copy of State Contractors License & Authorized Permit Agent Form Attached hereto.**

No. of Inspections Required \_\_\_\_\_

**TYPE OF PERMIT**

Conventional  Building\*  
 Modular  \*Includes Footers  
 Manufactured Home  Slab & framing  
 Accessory Bldg./carport  Roofing  
 Apartments  Electrical  
 Sign  Plumbing  
 Pool\*  HVAC  
 \*Must be fenced.  Low voltage  
 Driveway\*  Vinyl Siding  
 \*Must be constructed to  Deck  
 Accommodate natural water  Roofing  
 Flow & adequate cross drain  Solar Panels

New  Addition  
 Renovation  Repair  
 Demolition  Move

Property Type: \_\_\_\_\_  
 Lot Size: \_\_\_\_\_

**Contractor Name, Contact Person & Telephone No.**  
 Sub-Contractors **MUST BE** listed for Permit Issuance  
 Attach copies of business & trade license.

**C O N T R A C T O R S**

**General** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Telephone No. Contractor No.

**Electrical** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No. Contractors No.

**Plumbing** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No. Contractors No.

**Mechanical** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No. Contractors No.

**Low Voltage** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No. Contractors No.

**Sprinkler** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No. Contractors No.

**Other** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone No. Contractor No.

**MANUFACTURED HOME**

Single Wide \_\_\_\_\_ X \_\_\_\_\_  
 Double Wide \_\_\_\_\_ X \_\_\_\_\_

Year Model \_\_\_\_\_  
 \*No less than five years shall have elapsed from the date of manufacture of the home to the date of its installation as determined by the date of manufacture stated on the manufacturer's certificate attached to the home.

Manufacturers' Statement of Certificate of Origin to a Mobile Home: **Certified photo copy of certificate is required with application.**

Certificate of Title: **Certified photo copy of Title is required with application.**

Roof Pitch \_\_\_\_\_

Square Footage \_\_\_\_\_

Dealer No. \_\_\_\_\_

Tax Decal No. \_\_\_\_\_

Moving Decal No. \_\_\_\_\_  
 \*Cannot be obtained until permit is issued by Blythe. **Take copy of permit to Richmond County Tax Appraisers Office 535 Telfair St. Suite 120 – Telephone No. 706-821-1762**

**Job Information and Specifications**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Home Owner or Business

Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Job Cost \$** \_\_\_\_\_

Heated Space _____ sq ft	Set Backs
Total Space _____ sq ft	Front _____ ft.
	Rear _____ ft.
	Sides _____ ft.

**Job Location:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_

**Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_

**Mark if applicable**

Soil Erosion _____	Bed Rooms 1 2 3 4 _____
Water Tap _____	Bathrooms 1 2 3 4 _____
Flood Plan _____	Fireplace 1 2 _____
Plat of Property _____	Stories 1 2 3 _____
Development Plan _____	Carport Y N
Approval from Health Dept. for Septic Tank. 667-4234	Garage Y N
	Sprinklers Y N
	Septic Tank Y N

