

City of Guyton, Georgia

Established 1887

Working Together to Make a Difference

Building Permit Application

Two (2) set of stamped plans **must** be submitted along with Application. NOTE: If any inspections are failed, re-inspection fees will be required to be remitted prior to the issuance of the Certificate of Occupancy or Certificate of Completion.

Street Address: _____

Subdivision: _____ Lot #: _____ Lot Size: _____

Owner: _____

Address: _____ City/State/Zip: _____

Permit for: New Const. Renovation Addition
 Demolition Fence Electrical

Other: _____

Type of Construction: Residential Commercial

Number of Bedrooms: _____ Number of Stories: _____

Total Square Feet Area: _____ Number of Units: _____

Foundation: _____ Outside Wall Finish: _____

Roofing: _____ Fireplace: _____ Type: _____

Mechanical Contractor: _____

Address: _____

Phone: _____ GA License Number: _____ Class: _____

Type System: _____ Material: _____

Insulation: _____ Type Heating Unit: _____

BTU; AC BTU: _____ Number of Outlets: _____ Number of Returns: _____

Electrical Contractor: _____

Address: _____

Phone: _____ GA License Number: _____ Class: _____

Type System: _____ Amps: _____ Circuits: _____

Outside Disconnect: _____

Plumbing Contractor: _____

Address: _____

Phone: _____ GA License Number: _____ Class: _____

Sewage System: _____ Water System: _____

Health Department Approval: _____

Number of: Toilets: _____ Lavatories: _____ Tubs with Shower: _____

Showers: _____ Water Heaters: _____ Gallon Capacity: _____

Laundry Sink: _____ Lawn Sprinkler System: _____

Builder/Contractor: _____

Address: _____

Phone: _____ GA License Number: _____ Class: _____

Architect/Agent: _____

Address: _____

Phone: _____ GA License Number: _____ Class: _____

Estimated Value/Cost of Building/Construction Value: \$ _____

I hereby make application for permit outlined above and if same is granted, will be responsible for all charges and assessments by the City of Guyton and certify that I understand all Building and Zoning requirements including those special city ordinances, wetlands, and flood prone areas.

Applicant Signature: _____ **Date:** _____

Title: Architect/Agent Contractor Owner

Plans and Specifications reviewed by: _____ **Permit Fee: \$** _____

Building Official: _____ **Date:** _____

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Building Permit Inspection Form

Permit Fee: \$ _____ Permit Number: _____

This Permit **MUST** be displayed on the building site before the first inspection is called for. Call Guyton City Hall at 912.772.3353 twenty-four (24) hours in advance for inspection.

Owner: _____ Phone Number: _____

Location: _____

Type of Construction: _____ Total Square Feet: _____

Contractor: _____ Phone Number: _____

Required Inspections:

Type	Comments	Approved By	Date
Slab			
Footings			
Setbacks			
Property Corners			
Under Slab Plumbing			
Framing			
Electrical			
Mechanical			
Plumbing Rough-In			
Temporary Power			
Nailing			
Insulation			
Permanent Power			
Final			
Other/Special			

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Note: To be filled out by permit applicant and presented to the Building Inspector/Department at the time the permit is requested. A copy must be available at the job site for the Inspector's review.

Ceilings:

Access to Attic Area (minimum R-3) List R-Value: _____
Flat Ceiling Insulation List R-Value: _____
Sloped Ceiling Insulation List R-Value: _____
(UA Trade-off Calculations Required; min. R-19)

Walls:

Cavity Insulation (Batt or Blow-In) List R-Value: _____
Insulated Sheathing List R-Value: _____
Attic Knee Wall Insulation (Air Barrier on attic side; min. R-18) List R-Value: _____

Fenestration:

Window U-Factor (from label) List U-Factor: _____
Window SHGC (from label; maximum 0.40) List SHGC: _____
Skylight U-Factor (from label) List U-Factor: _____
Skylight SHGC (from label; maximum 0.40) List SHGC: _____
Door U-Factor List U-Factor: _____

Foundations:

Floor Insulation List R-Value: _____
Basement Wall Insulation List R-Value: _____
Mass Wall Insulation (minimum R-5) List R-Value: _____
Vented Crawl Space: foundation vents installed per code Check: _____
Closed Crawl Space: min. 6-mil (0.15 mm); Check: _____
poly is taped & extends up wall 6 inches (153 mm)

Air Leakage (see Section 402.4 & Appendix A)

Windows: Caulked, Sealed with 0.34 – 0.37 Air Infiltration Rate Check: _____
Doors: Sealed, Weather-Stripped (including those to Check: _____
unconditioned areas; attic, unheated basements, etc.)
Sole Plate: Caulked or Sealed Check: _____
"Can" Lights: Properly Sealed Check: _____
Tubs/Showers on Exterior Walls: Properly Sealed Check: _____
Other Penetrations/Opening: Caulked, Sealed Check: _____
or Gasketed as necessary

Heating/Cooling Efficiency

Gas or Propane Furnace (Minimum 78% AFUE) List AFUE: _____
Heat Pump (Minimum 7.7 HSPF) List HSPF: _____
Air Conditioner (Minimum 13 SEER) List SEER: _____
Other System(s): (e.g. Fuel Oil) List Type: _____
List Efficiency: _____
Duct Insulation (see Section 403.2, min. R-6/R-8) List R-Value: _____
Ducts: Sealed with Mastic or Code-Approved Tape List Sealant Method: _____

Mechanical Ventilation

Outdoor Air Intakes and Exhausts Installed Check: _____
with Automatic or Gravity Dampers

Permit Applicant: _____ Date: _____

Job Address: _____ Subdivision: _____ Lot: _____