



- City of Union City
- 5047 Union Street
- Union City, GA 30291
- Phone (770) 964-2288 ext 305 & 317
- Fax (770) 969-8795

Building Permit Application

Date: _____ **Permit#** _____
 _____ :

Parcel #: _____ **Date Permit Issued:** _____

APPLICATION IS HEREBY MADE ACCORDING TO THE LAWS AND ORDINANCES OF THE CITY OF UNION CITY. FOR A PERMIT TO ERECT/ALTER AND USE A STRUCTURE AS DESCRIBED HEREIN OR SHOWN ON ACCOMPANYING PLAN AND SPECIFICATION, TO BE LOCATED AS SHOWN ON ACCOMPANYING PLAT PLAN AND IF SAME IS GRANTED, AGREE TO CONFORM TO ALL LAWS AND ORDINANCES REGULATING SAME. PERMITS EXPIRE ONE YEAR FROM ISSUANCE.

Property Owner: _____

Location Address: _____

Subdivision: _____ **Lot#:** _____ **Zoning:** _____

General Contractor: _____

Address: _____

Phone#: _____ **Cell#:** _____

Width of Lot: _____ **Heated Square Feet:** _____

Front Setback: _____ **Side Setbacks** **R:** _____ **L:** _____ **Rear Setback:** _____
 (WHEN FACING PROPERTY)

Exterior Walls (Check): COMBINATION WOOD STUCCO STONE
 MASONRY BRICK HARDI-PLANK VINYL

Estimated Cost of Build: \$ _____

Detail of Work: _____

Apartments/Multi-Family

Total # of Buildings: _____ **Total # of Units** _____

Building Plan Review Fee: \$ _____ **Permit Fee:** \$ _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF A BUILDING PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF RELATED REQUIREMENTS.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 3 MONTHS AT ANY TIME AFTER WORK IS STARTED.

CONTRACTOR/ OWNER SIGNATURE: _____ **DATE:** _____