



New construction permitting process:

- Submit building permit application along with:
  - site plans
  - copy of driver's license
  - copy of contractors state license
- Review process takes approximately two weeks.
- Once review process is approved, payment of permit is required before permit is issued.

***If you have any questions please contact the  
Permitting Department at 912-367-8300 or by  
email at [miranda@baxley.org](mailto:miranda@baxley.org).***

# BUILDING PERMIT APPLICATION



**Please print clearly and  
fill in all that apply.**

*City of Baxley: 912-367-8300*

*Fax: 912-367-8304*

*Email: [miranda@baxley.org](mailto:miranda@baxley.org)*

**PROJECT ADDRESS:**

☐ PROJECT OWNER

☐ TENANT

☐ ARCHITECT

☐ DESIGNER

☐ ENGINEER

NAME:

LICENSE/REGISTRATION #:

ADDRESS:

NAME:

CITY/STATE/ZIP:

COMPANY NAME:

PHONE #:

FAX #:

ADDRESS:

E-MAIL ADDRESS:

CITY/STATE/ZIP:

TENANT COMPANY NAME:

PHONE #:

FAX #:

Jurisdictions may require written approval from the owner.

E-MAIL ADDRESS:

PROJECT CONTACT PERSON:

PHONE #:

FAX #:

ADDRESS:

E-MAIL ADDRESS:

☐ CONTRACTOR

☐ OWNER-BUILDER

LICENSE#:

LICENSE CLASS:

PHONE #:

COMPANY/NAME:

FAX #:

ADDRESS:

E-MAIL ADDRESS:

CITY/STATE/ZIP:

BUSINESS LICENSE #:

☐ I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT:

DATE:

PLEASE PRINT NAME:

TYPE OF CONSTRUCTION:

OCCUPANCY:

ZONE:

FIRE SPRINKLERS ☐ YES ☐ NO

HAZARDOUS MATERIALS ☐ YES ☐ NO

EXISTING USE:

PROPOSED USE:

ASSESSOR'S PARCEL #:

MAP:

LOT:

BLOCK:

SUBDIVISION:

**DESCRIPTION OF WORK:**

(PLEASE FILL-IN AND MARK ALL THAT APPLY)

CONSTRUCTION VALUATION: \$

☐ NEW BUILDING  
☐ MOVE BUILDING  
☐ TEBANT IMPROVEMNT

☐ NONRESIDENTIAL  
☐ ADDITION  
☐ FIRE SPRINKLERS  
☐ SWIMMING POOL/SPA

☐ RESIDENTIAL  
☐ ALTERATION  
☐ SIGN  
☐ FIRE REPAIR

☐ TERMITE/DRY ROT REPAIR  
☐ FOUNDATION ONLY  
☐ REPAIR/RETROFIT

☐ DEMOLISH  
☐ CHIMNEY REPAIR  
☐ TREE REMOVAL

☐ OTHER

☐ COMBINATION PERMIT (ADDITIONAL INFORMATION MAY BE REQUIRED)

DESCRIPTION:

|  |  |                                     |   |   |
|--|--|-------------------------------------|---|---|
| <b>DESCRIPTION OF BUILDING:</b> (PLEASE FILL-IN AND MARK ALL THAT APPLY) |  |                                     |   |   |
| <input type="checkbox"/> OFFICE/BANK PROFESSIONAL                        | <input type="checkbox"/> SINGLE FAMILY                               | <input type="checkbox"/> DUPLEX     | <input type="checkbox"/> TOWNHOUSE          | <input type="checkbox"/> CONDOMINIUM      |
| <input type="checkbox"/> HOTEL/MOTEL                                     | <input type="checkbox"/> AMUSEMENT/RECREATION                        | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> SERVICE STATION    | <input type="checkbox"/> APARTMENT BLDG.  |
| <input type="checkbox"/> RESTAURANT                                      | <input type="checkbox"/> ACCESSORY BUILDING                          | <input type="checkbox"/> HISTORICAL | <input type="checkbox"/> EDUCATIONAL/SCHOOL | <input type="checkbox"/> MEDICAL BUILDING |
| <input type="checkbox"/> CHURCH/ASSEMBLY                                 | <input type="checkbox"/> STORE                                       | <input type="checkbox"/> OTHER      | <input type="checkbox"/> CITY/COUNTY OWNED  |   |
| BUILDING AREA:   | SQ. FT.  | BUILDING HEIGHT:                    | FT  | STORIES:                                  |
| EXISTING:  | FLOOR AREA   | GARAGE                              | OTHER                                       | # UNITS                                   |
| ADDITIONAL PROPOSED:   | FLOOR AREA   | GARAGE                              | OTHER                                       | # UNITS                                   |
| NUMBER OF BEDROOMS:  | NUMBER OF BATHROOMS:   |                                     | TOTAL NUMBER OF ROOMS:                      |   |
| LOT SIZE (SQ. FT.):  | LOT DIMENSION (FRONT/SIDE/REAR):     /     /     /                   |                                     |   | COVERAGE %                                |
| SETBACKS:  | FRONT:   | REAR:                               | LEFT:                                       | RIGHT:                                    |
| EASEMENTS:   | FLOOD ZONE:  |                                     | ALUC:                                       |   |
| <input type="checkbox"/> SEWER     OR <input type="checkbox"/> SEPTIC    | WATER WELL: <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |   |   |
| <b>FOR OFFICIAL USE ONLY</b>   |  |                                     |   |   |
| PERMIT FEE: \$   |  |                                     |   |   |
| RECOMMENDED ACTION:  | <input type="checkbox"/> APPROVAL                                    |                                     | <input type="checkbox"/> DISAPPROVAL        |   |
| INSPECTOR:   | DATE:  |                                     |   |   |
| COMMENTS:  |  |                                     |   |   |
| PAID BY:   |  |                                     |   |   |
| DATE PAID:   | CHECK #  |                                     | RECEIPT #                                   |   |