



CITY OF GUYTON

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Working Together to Make a Difference

Mayor
Russell Deen
City Manager
Meketa Brown
City Clerk
Fabian M. Mann

Date Received: _____ **Date Issued:** _____ **Permit#:** _____ **Permit Fee:** _____

Map/Parcel Number: _____ **Old Map/Parcel Number:** _____ **Zoning:** _____

Setbacks: F _____ R _____ SI _____ SS _____ **Flood Zone:** _____ **Wetlands Present:** Yes _____ No _____

Project Address: _____ **Lot/Unit#:** _____

Development: _____ **Lot Size:** _____ **Power Company:** _____

New Construction Remodel Addition Accessory Building Electrical Plumbing Mechanical Fence Demolition

Other _____ **Project Valuation:** _____ .00

DESCRIPTION OF WORK:

Dwellings: _____ **# Floors:** _____ **# Bedrooms:** _____ **# Baths:** _____

Building Area (Sq. Ft.): _____ **Heated Area (Sq. Ft.):** _____ **Unheated Area (Sq. Ft.):** _____

Type Roofing: _____ **Foundation:** _____ **Exterior Wall Covering:** _____

CLASS OF WORK:

New Construction Existing Structure Erect Addition Alteration Repair Remodel

Other: _____

CONTRACTOR / OWNER INFORMATION:

Owner: _____ **Contractor:** _____

Mailing Address: _____ **Mailing Address:** _____

Home Phone: _____ **Contact Phone:** _____

Work Phone: _____ **State/Local License #:** _____

Email Address: _____ **Email Address:** _____

SUB-CONTRACTOR INFORMATION:

Electrical: _____ License Number: _____

Mailing Address: _____ Contact Phone: _____

Engineer/Architect: _____ License Number: _____

Mailing Address: _____ Contact Phone: _____

Plumber: _____ License Number: _____

Mailing Address: _____ Contact Phone: _____

Mechanical: _____ License Number: _____

Mailing Address: _____ Contact Phone: _____

Building Inspector: _____ Building Inspector Signature: _____

***All applications shall have two sets of drawings that are legible, two site plans that indicate all other structures, septic tank, and drain field areas and well locations along with distances from all property lines, an energy check sheet (ResCheck, etc), any dwelling that require a septic system will need approval from Effingham County Health Department.**

***NOTE: If any inspections are failed, re-inspect fees will be required to be remitted prior to the issuance of the Certificate of Occupancy or Certificate of Completion.**