



City of Ball Ground

DECK PERMIT Application

215 Valley St, P. O. Box 285 – Ball Ground, Georgia 30107

Phone: 770-735-2123 Fax: 770-735-4575

STAFF USE ONLY		
Permit Number:		Status:
Date Received:	Date Reviewed:	Reviewed by:

- Please ensure all spaces are filled out accurately before signing and returning this form.
- All documents required as part of the application package shall be submitted at the same time as the application.
- Submit only one application per request. If there are multiple landowners, etc., please copy and attach additional signature pages.
- A sketch of the deck is required with application submission

PROJECT INFORMATION

Construction Type: Residential Commercial, Industrial or Other

Description of Work:

Square Footage of Deck: _____

PROPERTY LOCATION INFORMATION

Property Address(es): _____

Tax Identification Number(s) (TIN): _____

Subdivision Name (If Applicable): _____

CONTRACTOR INFORMATION

Name (First and Last; Printed): _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

PRIMARY CONTACT INFORMATION

Same as above

Name (First and Last; Printed): _____

Phone: _____

Email: _____

PROPERTY OWNER(S) INFORMATION

Same as above

Name (First and Last; Printed): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

APPLICANT'S AFFIDAVIT

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that NO work or installation has commenced prior to the issuance of a permit and that all work will be performed to the standards and all laws regulating construction in the City of Ball Ground or Cherokee County, GA. I understand that a separate permit may be required for Plumbing, Heating, Ventilation and Air Conditioning, Pools, Signs, etc. I certify that all the foregoing information is accurate, and all work will be done in compliance with all applicable laws and ordinances regulating construction and zoning in the City of Ball Ground, Cherokee County, and the State of Georgia.

Contractor Name (First and Last; Printed): _____

Phone: _____

Email: _____

Signature: _____

Date Signed: ____/____/____

Same as above

Property Owner Name (First and Last; Printed): _____

Phone: _____

Email: _____

Signature: _____

Date Signed: ____/____/____

SUB-CONTRACTOR AFFIDAVIT

This form must be completed, notarized and submitted to the City of Ball Ground prior to obtaining a Certificate of Occupancy. A copy of your current State Trade License must accompany all affidavits.

Job Site Address	Permit #
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Subdivision	Lot#	Suite #	City	Zip Code
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Description of work

This affidavit certifies that I am responsible for the:

<input type="checkbox"/> Electrical Class I	<input type="checkbox"/> Electrical Class II (unrestricted)	<input type="checkbox"/> Low Voltage
<input type="checkbox"/> Mechanical / HVAC Class I	<input type="checkbox"/> Mechanical / HVAC Class II (unrestricted)	
<input type="checkbox"/> Plumbing Class I	<input type="checkbox"/> Plumbing Class II	<input type="checkbox"/> GAS (to include pools, heated spas and special equipment)

The submittal of this affidavit is verification that the undersigned is licensed in the State of Georgia for the trade specified above. In the event of any changes in the status or involvement with this permit, the undersigned is responsible for the work until Cherokee County's Building Official has been notified in writing.

General Contractor	Phone #
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Sub-Contractor Name (please print)

Email

State License Number	Expiration Date
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Company Name	Business Phone #
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Company Address

Company Email

I certify that I have and will comply with all codes and ordinances adopted by the City of Ball Ground that pertain to the work specified above. The undersigned, upon oath, states that the above information is true and correct, understands that the permit issued is only for construction as stated and that the occupancy of the structure is not permissible until all requirements are met and a Certificate of Occupancy has been issued by the City of Ball Ground.

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____ DATE _____

Sworn to and subscribed before me,

This ____ day of _____, 20__

SEAL

(Notary Public – Please notarize with official seal)