

PERMIT #: _____

PERMIT FEE: \$ _____



P.O. Box 158
Bainbridge, Ga. 39818

www.bainbridgecity.com

Phone: 229-248-2000
Fax: 229-246-7311

ROOFING/SPECIALTY CONTRACTOR PERMIT

1. Job Address: _____	
2. Owner:	Address: _____ Phone: _____
3. Contractor:	Phone: _____ License #: _____
4. Class of Work:	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Other
5. Building Use: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	WORK DESCRIPTION: _____ _____
6. Valuation of work being performed: (labor & materials): _____	
7. Architect/Engineer/Designer (if applicable) _____	

SPECIAL CONDITIONS

All work performed in accordance with applicable codes and/or ordinances requirements.

NOTICE

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 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, state or local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

Contractor/Owner Signature: _____

Date: _____

INDEMNITY AGREEMENT

Upon meeting all requirements of the City of Bainbridge for the issuance of this Building Permit and in consideration for the issuance by the City of such permit, the applicant hereby agrees to hold harmless and indemnify the City of and from any and all claims, demands, costs, suits, actions, and causes of actions of every kind and description made against the City by any person as a result of storm water runoff or other drainage of water occasioned by the improvements or other modifications approved under this Building Permit.

Additional Comments:

**A 24 HOUR NOTICE IS
REQUIRED FOR
ALL INSPECTIONS.**

**CALL 229-400-9182 TO
SCHEDULE AN INSPECTION.**

Approved: _____