

**BARTOW COUNTY BUILDING INSPECTIONS  
BUILDING PERMIT APPLICATION FOR DWELLINGS**

MASTER PERMIT # \_\_\_\_\_

**NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED BEFORE A PERMIT MAY BE ISSUED OR WORK MAY COMMENCE.**

**\*\*\*ORIGINAL SIGNATURE OF GC REQUIRED ON EACH APPLICATION\*\*\***

SUBDIVISION: \_\_\_\_\_ LOT # \_\_\_\_\_ SQ. FT: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CONSTRUCTION: \_\_\_\_\_ BASEMENT: ( YES OR NO ) # OF FIREPLACES: \_\_\_\_\_ # OF BATHROOMS: \_\_\_\_\_ # OF BEDROOMS: \_\_\_\_\_  
(TYPE OF CONST. WOOD, STEELE OR MASONRY) PLEASE CIRCLE (INCLUDE FUTURE BATHS)

# OF STORIES: \_\_\_\_\_ SPLIT LEVEL: \_\_\_\_\_ GARAGE: \_\_\_\_\_ CARPORT: \_\_\_\_\_ D/U: \_\_\_\_\_ COUNTY WATER/WELL SEPTIC/SEWER  
(PLEASE CIRCLE) (PLEASE CIRCLE)

POWER COMPANY NAME: \_\_\_\_\_ NATURAL GAS: ( YES OR NO ) GAS COMPANY: \_\_\_\_\_  
PLEASE CIRCLE

CONTRACTOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_  
(CONTRACTOR) EFFECTIVE 7/1/07

SIGNATURE: \_\_\_\_\_ NAME OF CITY/COUNTY ISSUING LICENSE: \_\_\_\_\_  
\*\*\*THIS MUST BE SIGNED IN FRONT OF PERMIT CLERK\*\*\*

\*\*\*AS THE GENERAL CONTRACTOR (GC), I UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THE BARTOW COUNTY INSPECTIONS DEPARTMENT IF A SUB CONTRACTOR, OTHER THAN THE ONES AS SHOWN HEREIN, PERFORMS ANY OF THE ELECTRIC, PLUMBING, OR HVAC ON THE PERMITTED DWELLING. FAILURE TO DO SO MAY RESULT IN PENALTIES AND/OR FINES.\*\*\*

ELECTRICAL/COMPANY NAME: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MASTER LICENSE HOLDER'S NAME: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_  
PLEASE PRINT NEATLY

NAME OF CITY/COUNTY ISSUING LICENSE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BUSINESS LICENSE#: \_\_\_\_\_

PLUMBING/COMPANY NAME: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MASTER LICENSE HOLDER'S NAME: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_  
PLEASE PRINT NEATLY

NAME OF CITY/COUNTY ISSUING LICENSE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BUSINESS LICENSE#: \_\_\_\_\_

HVAC/COMPANY NAME: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MASTER LICENSE HOLDER'S NAME: \_\_\_\_\_ STATE LICENSE #: \_\_\_\_\_  
PLEASE PRINT NEATLY

NAME OF CITY/COUNTY ISSUING LICENSE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ BUSINESS LICENSE#: \_\_\_\_\_

**NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGE IN SUBCONTRACTORS IS MADE DURING CONSTRUCTION.**