PICKENS COUNTY PLANNING & DEVELOPMNENT
1266 East Church Street, Suite 136 Jasper, GA 30143
Phone 706-253-8850 • Email: plandev@pickenscountyga.gov • Fax 706-253-8854

A permit is required on all new construction, repairs, alterations, and miscellaneous projects. Permits may not be issued the same day the application is submitted. An Access/Encroachment permit is required for driveways that access a county-maintained road. An 8 ½"x 11" copy of a survey of the property being permitted is required for all new construction permit applications *(Pickens County Code of Ordinances Sec. 16-63)*. Permits expire 12 months from date of issue. Permit fees will be doubled if construction activity is undertaken prior to obtaining permits. **Permits are Non-Transferable and Non-Refundable.** Failure to schedule all required inspections will result in fines and/or stop work orders on the permit.

ELECTRICAL ONLY PERMIT

Date _____

Applicant of Permit: _____

Property Owner: _____

Mailing Address: _____
City State Zip

Phone Number: _____ Email: _____

A COPY OF THE CONTRACTOR'S STATE, BUSINESS AND DRIVERS LICENSE IS REQUIRED WITH THIS FORM

Electrician: _____

Mailing Address: _____
City State Zip

Phone Number: _____

Electrical State License #: _____ Expiration Date: _____

Business License #: _____ Issuing County: _____

- **911 Address** _____
  City State Zip
- **Type of permit applying for**: _____

Utility Company: A.E.M.C. ❒ GA Power ❑

Current Zoning Use: (Circle) AG SA ER RR SR UR SPC SRPC NC HB I
Is the property subject to any restrictive covenants or conditions? Y or N

Is the property in an HOA? Y or N If yes, does your HOA require approval? Y or N

Subdivision _____ **Lot Number** _____ **Total Acres** _____

Directions to Property: _____

_____

_____

Estimated Completion Date: _____ **Estimated Project Value:** _____

Signed _____ **Date:** _____

ANY ALTERATIONS, DEVIATIONS, RELOCATIONS, OR CHANGES TO THIS APPLICATION WILL VOID THIS PERMIT

For Office Use Only

Parcel Number _____ **District and Land Lot** _____

Comments _____

BUILDING PERMIT FEES

ELECTRICAL ONLY PERMIT FEE…….$50.00

COMMERCIAL FEE……..…….$150.00

DATE PAID _____ **CASH/ CHECK/ CC#** _____ **RECEIPT #**_____

APPROVED BY _____

DATE _____

COMMENTS _____

BUILDING PERMIT NUMBER _____

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SUBCONTRACTOR AFFIDAVIT

Power approval WILL NOT be released to your power company without this form on file with our office PRIOR to your electrical inspection.

Building Permit #_____ **Subdivision/Lot #** _____

Property Owner's Name: _____

Job Site Address: _____
City State Zip

Temporary Construction Power is hereby authorized on the electrical service conductors and service switch located at **above mentioned address** for a period of **ninety (90) days**. This request is made in order to complete construction of the final inspection at the above referenced location. An extension beyond the allotted time may be granted for good and sufficient reasons, provided the applicant gives notice before the expiration date, and subject to the Planning & Development's approval. By applying for this temporary construction power permit, the applicant hereby assumes all responsibility and liability for use of electricity within the building during this period.

NOTE: **AN APPROVED FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY IS NECESSARY BEFORE RESIDENCY IS ALLOWED. RESIDENTIAL OCCUPANCY IS NOT ALLOWED IN CONJUNCTION WITH TEMPORARY CONSTRUCTION POWER. FAILURE TO COMPLY WITH THE GUIDELINES SET WITHIN THIS PERMIT APPLICATION MAY RESULT IN IMMEDIATE DISCONNECTION OF ELECTRICAL SERVICE. VIOLATION OF COUNTY ORDINANCES MAY RESULT IN MAXIMUM FINE OF $1,000.00 AND SIXTY (60) DAYS IN JAIL, OR BOTH.**

Pickens County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number (**Required)**

Please indicate below the type of State License you hold and are using for this job

_____ Electrical Contractor Class I (Restricted to single-phase, not to exceed 200 amps)

_____ Electrical Contractor Class II (Unrestricted)

A COPY OF YOUR STATE & BUSINESS LICENSE IS REQUIRED WITH THIS FORM
AFFIDAVITS MUST BE SUBMITTED PRIOR TO SERVICE CONNECTION OR ROUGH INSPECTION REQUESTS.

Electrical Contractor's Statement:
The service equipment for the above referenced job location has been installed in accordance with all applicable state codes and county ordinances. In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Planning and Development has been notified in writing of any changes.
This is to certify that I am responsible for the electrical service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date _____

State License Number: _____ Expiration Date _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____