

SEMINOLE COUNTY, GEORGIA PERMIT APPLICATION

Building Electrical HVAC Plumbing Mobile Home Sign

Date: _____ Contract Price:\$ _____ Fee:\$ _____ Permit #: _____

PLEASE PROVIDE APPLICABLE INFORMATION

Name of Applicant: _____

1. Permit Site Address:

2. Complete For Mobile Home Permit:

Name of Mover: _____ Size of Mobile Home: _____

Make and Model: _____ ID#: _____ Year: _____

All Applicants Complete the Following:

Contact Phone Number: _____ Cell: _____

Contractor: _____ Licensed: YES _____ NO _____

Describe Work to be Performed:

Size of Home/Construction/Sign: _____

Date Work is To Begin: _____ Date to be Completed: _____

Have Property Taxes Been Paid: YES _____ NO _____

Tax Map #: _____ Parcel #: _____

Are there Other Structures on the Property: YES _____ NO _____

APPLICANT'S SIGNATURE: _____

MAILING ADDRESS FOR PERMIT: _____
