



BUILDING APPLICATION

City of Rincon

Post Office Box 232
Rincon, Georgia 31326
(912) 826-5996

PERMIT FEE: _____ PERMIT #: _____

THIS PERMIT IS VOID AFTER ONE YEAR AND IS TO BE RENEWED ON A PRORATED BASIS
TWO COPIES EACH OF SITE PLANS AND CONSTRUCTION PLANS

DATE: _____ ESTIMATED COST: \$ _____

OWNER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LOCATION: _____

TYPE CONSTRUCTION AND USE: _____

BUILDER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

TYPE OF CONSTRUCTION

- | | |
|---|--|
| <input type="checkbox"/> ERECT | <input type="checkbox"/> TYPE0 1 - FIRE PROOF |
| <input type="checkbox"/> REPAIR | <input type="checkbox"/> TYPE II - FIRE RESISTIVE |
| <input type="checkbox"/> ALTER | <input type="checkbox"/> TYPE III - HEAVY TIMBER |
| <input type="checkbox"/> MAKE ADDITION TO | <input type="checkbox"/> TYPE IV - NON-COMB. FRAME |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> TYPE V - ORDINARY |
| <input type="checkbox"/> RE-SIDE | <input type="checkbox"/> TYPE V-B - WOOD FRAME |
| <input type="checkbox"/> DEMOLISH | <input type="checkbox"/> TYPE VII - TRAILER |
| <input type="checkbox"/> MOVE | <input type="checkbox"/> PRIVATE DOCK |
| <input type="checkbox"/> RELOCATE | |

USE

- | | |
|---|--|
| <input type="checkbox"/> 1-FAMILY RESIDENCE | <input type="checkbox"/> OFFICE |
| <input type="checkbox"/> DUPLEX | <input type="checkbox"/> FACTORY |
| <input type="checkbox"/> TOWNHOUSE | <input type="checkbox"/> WAREHOUSE |
| <input type="checkbox"/> APARTMENT | <input type="checkbox"/> AUTO STORAGE |
| <input type="checkbox"/> PRIVATE GARAGE | <input type="checkbox"/> REPAIR GARAGE |
| <input type="checkbox"/> STORE BUILDING | <input type="checkbox"/> SERVICE STATION |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> ACCESSORY BLDG. |
| <input type="checkbox"/> OTHER (SPECIFY) | |

Total Height: _____ No. Stories: _____ Baths: _____ Toilets: _____ No. Bedrooms: _____

Total Sq. Ft.: _____ Size of Bldg.: _____ Heating Type: _____ Air Cond. Type: _____

Ventilation: _____ Comm. Refrig.: _____ Electrical: _____

Plumbing: _____ Type Roofing: _____ Foundation: _____

Interior Walls: _____ Exterior Walls: _____ Fireplace: _____

MAP & PARCEL #: _____ ZONING CLASSIFICATION: _____

SETBACKS F: _____ R: _____ S: _____ FLOOD ZONE: _____

APPROVED BY: _____ DATE: _____

**PLEASE NOTE: APPROVAL BY THE ZONING DEPARTMENT DOES NOT EXEMPT THE APPLICANT FROM
COMPLYING WITH ALL OTHER GOVERNMENT REGULATIONS. APPLICANT SHALL COMPLY WITH ANY AND
ALL SUB-DIVISION COVENANTS.**

OWNER SIGNATURE: _____

AGENT: _____

CONTRACTOR: _____