



BUILDING PERMIT APPLICATION

Date: _____

Permit No. JIRBP- 2022-

Address of property _____

Property Owner: _____ Glynn County Parcel ID: _____ - _____

Property Owner's Address _____ City: _____ State: _____

Contact Telephone Number: _____ Email address: _____

- 1. PLAN TYPE:** New Construction Remodel Demolition Addition Alteration
 Window Replacement Accessory Building Driveway Repair / Replacement

2. GENERAL INFORMATION:

- SINGLE FAMILY DETACHED ATTACHED DUPLEX

	Current	Proposed		Current	Proposed
Square Footage			# Bedrooms		
Heated Square Footage			# Full Baths		
Total Area Under Roof			# Half Baths		
Number of Stories			# Tubs		
Height of Each Story			# Showers		
Building Height			# Fireplaces		

Gas Fueled (yes or no) Elevator (yes or no)

Garage: Attached Detached # Parking Bays

3. CONSTRUCTION TYPE:

TYPE OF EXTERIOR:

- Stucco Brick Vinyl Metal Masonry Siding Mix

TYPE OF FOUNDATION:

- Pier Piles & Grade Beam Footing & Crawl Space Monolithic Slab

ROOF TYPE:

- Flat Lean - To Gable Hip Cross-Gabel Cross-Hipped
 Gambrel Mansard

ROOF COVERING:

- Asphalt / Composition Metal Standing Seam Concrete Tile Metal / Aluminum Shake
 Wood Shake Concrete / Clay Tile Vinyl Membrane Rolled / Flat Roof

SAFETY:

Fire Sprinkler System (yes or no) Alarm System: (yes or no) Fire, Burglar



RESIDENTIAL BUILDING PERMIT APPLICATION

ESIGN / CONTRACTOR INFORMATION:

Architect Name & Address:					
General Contractor Name & Address:					
Contact Number:		License #		Proof of Ins.:	
Certified Land Disturber Name & Address:					
Contact Number:		License #		Proof of Ins.:	
Electrician Name & Address:					
Contact Number:		License #		Proof of Ins.:	
Low Voltage Contractor Name & Address:					
Contact Number:		License #		Proof of Ins.:	
Plumber Name & Address:					
Contact Number:		License #		Proof of Ins.:	
Mechanical Contractor Name & Address:					
Contact Number:		License #		Proof of Ins.:	
Gas Contractor Name & Address:					
Contact Number:		License #		Proof of Ins.:	
<p>If you are an owner and intend to do the work or subcontract the work out, you must complete the following affidavit certifying that you are the owner of this tract or parcel of land, that you have applied for this permit and are not subject to licensing as a contractor or subcontractor. Signing the affidavit, and in turn obtaining the permit in your name, names you as the person, responsible for the work and compliance with applicable state and local codes. This affidavit must be completed with the signature of someone who witnessed your signature to this document, acknowledging your compliance with this application.</p>					

I, as the OWNER, will be responsible for the work performed on my property and shall be responsible for compliance with all state laws regulating building construction and compliance with all Jekyll Island ordinances.		
Owner's Signature:	Date:	Please Print Owner Name Legibly:
I, as a WITNESS, saw the Owner affix his/her signature to this application above.		
Witness Signature:	Date:	Please Print Witness Name Legibly:



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6. ACKNOWLEDGMENTS AND SIGNATURES

I hereby declare that all information I have given is true and correct to the best of my ability.		
I acknowledge that I am aware of "811": Call Before you Dig.		
I understand that my plans must meet JIA ordinances and the JIA Design Guidelines.		
I acknowledge any construction work must be done out of the right-of-way.		
Print Name:	Sign Name:	Date:

If more than one owner, all owners must sign below acknowledging that this application has been submitted:

Print Name:	Sign Name:	Date:

Staff Review		
Date Plans / Application Submitted for Review and Initial of Person Receiving Application:	Date Scheduled for Design Review Committee:	Date Plans and Permit Approved by JIA:
Fees are to be Paid at Jekyll Island Administration located at 100 James Road.	Fees Paid: \$	Date Paid:
Zoning:	Setbacks:	Max Height:
Flood Elevation:	Type of Construction:	
Erosion Control:		
Forward to Glynn County Building Department if Electrical, Plumbing, Mechanical, Structural, Framing or Window Change Out / reconfiguration is listed in scope of work. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date Forwarded:	Signature:	



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If property type is other than a Single-Family Residence, please have the other owners of the building sign below to acknowledge they are aware of the upcoming construction.

Owner Name	Current Address	Contact Information:	Owner of Unit:
Owners Signature:		Date of Signature:	

Owner Name	Current Address	Contact Information:	Owner of Unit:
Owners Signature:		Date of Signature:	

Owner Name	Current Address	Contact Information:	Owner of Unit:
Owners Signature:		Date of Signature:	

Owner Name	Current Address	Contact Information:	Owner of Unit:
Owners Signature:		Date of Signature:	

Owner Name	Current Address	Contact Information:	Owner of Unit:
Owners Signature:		Date of Signature:	