JEKYLL ISLAND AUTHORITY

BUILDING PERMIT APPLICATION

Permit No. JIBP-

Date:_____, 20___

Address of property _____ _____

Property Owner: _____ Glynn County Parcel ID ___ - _____

Property Owner's Address_____City: _____ State: ___

Contact Telephone Number: _____ Email address: _____

Submittal Package must include: ☐ Survey with Flood Elevation and Trees

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

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

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4. **DOCUMENTS SUBMITTED: Complete DIGITAL set of Stamp Architectural Drawings and Site Plan to include the following information:**

- ☐ Certified (stamped) Site Survey showing setbacks
- ☐ Site Plan to scale, including identifying the location of all existing and proposed trees and any other existing and proposed structures (including porches, driveways, sidewalks, pools, etc.)
- ☐ Building elevation to scale
- ☐ Calculation of lot square feet vs. non-pervious surface
- ☐ Architectural plan view and elevations showing building materials and colors
- ☐ Structural drawings to include concrete and framing details/hurricane strapping
- ☐ Plumbing drawings ☐ Mechanical drawings ☐ Electrical drawings
- ☐ Elevation certificate if the project is new Construction or exceeds 50% of the appraised property value

5. **Scope of Work & Material Description: (Please Print Legibly)**

Estimated Construction Cost $_____ Appraised Value of Property: $ _____

Attach additional pages or documents as necessary.

DESIGN / 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.:	

Suppose you are an owner and intend to do the work or subcontract the workout. In that case, 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 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.

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 their 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 there is 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:
Permit fees are to be paid at the Jekyll Island Administration located at 100 James Road. Call 912-635-4000 and pay with a credit card.		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 the scope of work. Yes ☐ No ☐			
Date Forwarded:		Signature:	