

AD VALOREM TAX INFORMATION

Taxpayer's Name: _____

Map#: _____ Parcel #: _____

All property taxes on the above map and parcel number were paid on: _____

Tax Clerk's Signature: _____



CONTRACTOR'S AFFIDAVIT

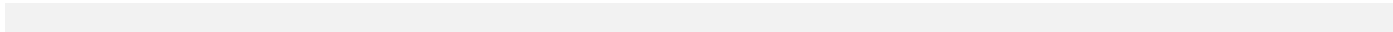
The undersigned hereby states that all subcontractors listed below are licensed by the State of Gerogia and has a current Occupational License to perform work in the category listed. Applicant acknowledges that he/she is aware that a permit issued under these provisions may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based. Applicant further acknowledges that he/she is aware that any knowingly false statements made in affidavit will subject said applicat to possible prosecution. GA. Criminal Code Section 26-2402 (False Swearing) calls for a possible fine of not more than \$1000.00 or imprisonment for not less than one (1) and not more than five (5) years or both.

Contractor: _____ Date: _____

State issued contractors license: _____

Subcontractors:

Electrical: _____	State #: _____	Occ. Lic.: _____
Plumbing: _____	State #: _____	Occ. Lic.: _____
Heating & Air: _____	State #: _____	Occ. Lic.: _____
Mechanical: _____	State #: _____	Occ. Lic.: _____
Grading: _____	State #: _____	Occ. Lic.: _____
E&S Level 1A: _____	State #: _____	Occ. Lic.: _____



APPLICATION AGREEMENT

Application is hereby made according to the laws and ordinances of the City of Cleveland, Georgia. If a permit is issued, I agree to conform to all laws and ordinances regulating the same. By my signature below, I certify the application and the attached data is true and correct.

Applicant's Signature

Date

City of Cleveland representative

Date

Neither the approval of a permit under the provisions of this ordinance, nor the compliance with the provisions of this ordinance shall relieve any person from the responsibility for damage to any person or property otherwise imposed by law nor impose any liability upon the City of Cleveland for damage to any person or property.

FOR OFFICE USE ONLY

Reference Permit # _____

All applicable departments should review and sign the application as being approved or approved with comments.

<u>Department</u>	<u>Reviewer</u>	<u>Date</u>
Permit Committee		
Water/Sewer		
City Engineer		
Health Dept		
Soil Conservation		
Fire Marshal		

Please note all comments, date, and sign. If necessary, all comments will be forwarded to the applicant or the proper departments.

Comments _____

Comments _____

Comments _____

Approval Date _____

Required Fees \$ _____

Additional Inspection Fees \$ _____

Certificate of Occupancy \$ _____

Issued: _____