City of Statesboro Preliminary Building Permit Application

Project Addı	ress/Location				
Project Name (If Applicable):					
Project Desc	eription:				
	Single Family Duplex Multi-Family				Commercial: Industrial:
Has City Pla	nning Depart	ment Give	n Written A	approval of Pro	ject? Yes
Class of Wor (Check One)		` '	` '	Alteration () Demolish ()	No Renovation ()
Owner Name	e:				
Phone #			_ E-Mail:		
Fax #			_		
Architect/En	gineer				
Contact Perso	on	 			
Address					
Phone#			_ E-Mail:		
Fax#			_		
Contractor (If Known)				
Address					
Phone#			_ E-Mail:		
Fax#			_		
Please identi	fy which of th	e following	g the City sl	nould contact w	ith Building Permi
information:	Owner ()	Architect	()	Other	
				E-Mail	