



Chatham County Department of Building
Safety & Regulatory Services
P.O. Box 8161, Savannah, GA 31412-8161
912-201-4300 - Fax 912-201-4301



MECHANICAL PERMIT

P.I.N.: _____ *Obtained from Tax Assessors Office (912) 652-7271 or SAGIS.ORG.*

Project Address: _____

Owner:

Name: _____ Phone No. (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Class of work: ☐ New ☐ Alteration ☐ Replace ☐ Commercial ☐ Residential

Scope of Work: _____

Flood Zone: _____ If replacement, then identify current platform height: _____

Total Cost (including labor, material, and profit) \$ _____

Contractor Name: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____ E-mail: _____

Person Applying for Permit: _____

Company: _____

Address: _____

Phone No. (____) _____ - _____ E-mail: _____

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Completion when all required inspections have been approved.

Owner/Agent _____ Date _____

For Office Use Only

Eng. Approved: _____ Date: _____ Platform Height: _____ ft from ground

BSRS Approved: _____ Date: _____