



**Chatham County Department of Building  
Safety & Regulatory Services**

P.O. Box 8161, Savannah, GA 31412-8161  
912-201-4300 - Fax 912-201-4301



**Gregori S. Anderson, CBO  
Director**

**Clifford Bascombe, CBO, CFM  
Assistant Director**

**DCA MODULAR OFFICE PERMIT APPLICATION**

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P.I.N.: \_\_\_\_\_ *Obtained from Tax Assessors Office (912) 652-7271.*

Project Address: \_\_\_\_\_

**Person applying for permit:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Contractor/ Mover:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Details**

Make: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Serial or ID number: \_\_\_\_\_

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 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.

Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_



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APPLICATION CHECKLIST AFFIDAVIT

FOR DCA MODULAR HOMES

Address: \_\_\_\_\_ Permit # \_\_\_\_\_

Required Forms & Documents

Y N N/A

- Signed Application
Application Checklist Affidavit (this form)
Site Plan - Two copies (11-1/2 by 17)
Subcontractor Signature Page (next page)

Note: Supplemental information may be required during plan review to address deficiencies.

Pursuant to the requirements established by Georgia Law Section §8-2-26, I am submitting all documents checked "Y" above for review and approval.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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Office Use Only

Application: [ ] Complete [ ] Not Complete Name: \_\_\_\_\_

Date \_\_\_\_\_



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**CHATHAM COUNTY SUBCONTRACTOR LIST**

**Contractor/ Mover:** Date \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ State License # \_\_\_\_\_  
 Local License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
 Signature \_\_\_\_\_

**Electrician:** Date \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby certify that I will perform the electrical work for the project described above and I further certify that I have a valid State and Local Business License

Local License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_  
 State License # \_\_\_\_\_  
 Signature \_\_\_\_\_