PLANNING & COMMUNITY DEVELOPMENT   *eastpointcity.org*

This application is not a permit until fees are received and drawings/plans (if applicable) are approved. Any work prior to permit issuance is prohibited. Permits are non-transferable and Fees are Non-Refundable! All permit applications are to be completed and submitted through the BS&A Online Permitting Portal:
https://bsaonline.com/?uid=2757

PROJECT ADDRESS: **Unit/Suite/Apt#:**   **Parcel:**

☐ **Residential**   ☐ **Commercial**

Building Permit #: _____

Work Description / Full Scope (Required):
_____
_____
_____

Permit Type (Required):
☐ Electrical
☐ Electrical – Low Voltage
☐ Fire Alarm
☐ Fire Sprinkler
☐ Fire Suppression
☐ HVAC / Mechanical
☐ Plumbing

Who is the PERMIT HOLDER – the person responsible for, will supervise *and do the work* for this permit: (Reference the "Who Can Pull a Permit")	
☐ Homeowner Owner	☐ Contractor
• Tax Bill and/or Deed filed with County Required • Completed Homeowner's Affidavit Form Required • Stated Issued ID Required	• Current Business License Required • Copy of State Certification (if applicable) Required • State Issued ID Required

The signature below is a binding statement that the permit holder will be responsible for and supervise the job at the permitted address and that the Property Owner is aware of, agrees with and has granted permission for this permit to be applied for and issued.

Signature of Permit Holder (or agent): _____   Date: _____

Who is submitting this application: ☐ Property Owner   ☐ Contractor   ☐ Agent for Permit Holder

AGENT FOR PERMIT HOLDER: **(All Contact Information Required! Authorized Agent Form required!)**	
Name:	Phone:
Address (Physical / No PO Boxes):	
City:	State: Zip:
Email:	

PROPERTY OWNER: **(REQUIRED – Owner's Information Must be completed for application to be accepted!)**	
Name:	Phone:
Address (Physical / No PO Boxes):	
City:	State: Zip:
Email:	

CONTRACTOR: **(All Contact Information Required)**	
☐State Certified Contractor	☐Specialty Trade
Name:	Phone:
Company Name:	Phone (Company):
Address (Physical / No PO Boxes):	
City:	State: Zip:
Email:	
Business License #:	State Card # (if applicable):