City of Fort Oglethorpe
Building Department

500 City Hall Drive
Fort Oglethorpe, Georgia 30742
706-866-2544 ext. 1200

Property Maintenance Application

DATE: ____/____/_____ **PERMIT #: _____**

1.) Property Address: _____, _____ _____
City State Zip Code

2.) Property Owner: _____

3.) Applicant Name: _____

4.) Applicant Mailing Address: _____

5.) Applicant Phone: _____

6.) Applicant Email: _____
(Required)

Reason for requested inspection: _____

_____

1. **Permit becomes null and void if initial inspection is not conducted within six (6) months of issue date.** 2. **The owner/applicant is responsible for all work to be in compliance with the state codes and ordinances, whether or not any deficiency is found by the inspection department or known to exist by the inspection department.** 3. **All code violations must be amended in order for a Certificate of Compliance (CO) to be issued.**	*I hereby authorize officials of the City of Fort Oglethorpe to enter premises for inspections. The granting of a permit does not give authority to violate laws or codes governing construction performance. I certify that all information contained herein is correct and true.* **PLEASE SIGN & DATE** _____ Owner, Applicant, or Authorized Agent **DATE: ____/____/_____**	**FEES** **Permit Fee** _____ **Certificate of Compliance** _____ **Total Fee** _____

ALL PERMIT FEES ARE NON-REFUNDABLE AFTER 60 DAYS