



Telephone (706) 653-4126
Fax (706) 653-4123

420 10th Street
Post Office Box 1340
Columbus, Georgia 31902-1340

Ryan Pruett
Director

**FACTS TO REMEMBER
WHEN
TRANSMITTING PERMITS BY FAX**

Each permit must be accompanied by the “Facsimile Transmission Sheet For Permits” prepared by the Inspections and Code Enforcement Department to include all information as indicated.

For new construction, alterations, or additions, sub-contractor permits applications (Plumbing, Gas, Mechanical, and Electrical) MUST have, on the line by Permit No., the Permit Number from the Building Permit which was issued to the General Contractor. Obtain the permit number from the General Contractor for whom the work is being performed. Subcontractor permits WILL NOT be issued until the General Contractor has obtained the Building Permit.

Permits received before 3:00 p.m. will be issued that day. Permits received after 3:00 p.m. will be for the next day’s work. Permits and receipts will be mailed on the same day the permit is issued.

Inspectors will receive permits the same day as issued and can give inspections the next day, if requested.

BUILDING PERMITS received by facsimile and issued by charge card could experience a delay in receiving inspections. Inspections will not be made until the yellow Building Permit Card is posted on the job site. The permit card will be sent by return mail along with the permit and receipt.

Permits that cannot be issued will be returned to you the next day by facsimile. If we have reason to believe other work is going on which requires a permit and/or no permit number is indicated, we will not hold permit.

Electrical permits for construction power will not be accepted without the letter of responsibility.

For each Building Permit there will be a handling fee of \$3.00; for other permits or transactions, the handling fee will be \$1.00. Each permit will indicate the handling fee and total fee.

DATE _____

TIME _____

TO: FAX No: 706-225-4129

Phone: 706-653-4126

INSPECTIONS & CODE ENFORCEMENT
Development Resources Center
P. O. BOX 1340
COLUMBUS, GA 31902-1340

TOTAL NUMBER OF PAGES : _____

FROM:

Name _____

Company _____

Address _____

City/State/Zip _____

FAX NO. _____ Phone _____

CHARGE INFORMATION:

Card Identification (Circle One)

VISA

MASTERCARD

Account Number _____

Expiration Date _____

Name on Card _____

Authorized Signature

For Credit Card: _____

COMMENTS: _____

Signed: _____