



Planning and Development
4303 Lawrenceville Road
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Email: planning@loganville-ga.gov

Radon Control System

DATE: _____ Check one: ☐ AFFIDAVIT ☐ PERMIT PERMIT # _____

PROJECT INFORMATION	PROJECT NAME _____ ADDRESS _____ ESTIMATED COST \$ _____ LOT/SUITE # _____ MAP & PARCEL # _____
PROPERTY OWNER	PROPERTY OWNER _____ ADDRESS _____
CONTRACTOR	<p>Please Provide Contractors information if applicable N/A <input type="checkbox"/></p> <p>OCCUPATIONAL TAX CERTIFICATE # _____ JURISDICTION OF ISSUANCE _____</p> <p>COMPANY NAME _____ OWNER NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ OFFICE PHONE _____ EMAIL _____ STATE LICENSE # _____ LICENSE HOLDER'S NAME _____</p>
DETAIL OF WORK PERFORMED	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>I certify that I will comply with all Codes and Ordinances adopted by the City of Loganville. In the event of any change in my status on this installation, I understand that I will be held responsible for all work indicated until the Planning & Development Department has been notified in writing.</p> <p>I understand that it is my responsibility to insure that all work is installed in accordance with the adopted Georgia State Minimum Standard Codes and Ordinances or Specifications adopted by the City of Loganville. I hereby agree to indemnify the City of Loganville and its inspectors from any liability for damages or loss of property if all work has not been installed in accordance with these codes, ordinances and specifications. Failure to comply or false statements shall be grounds for revocation of permit.</p> <p>SIGNATURE: _____ DATE: _____</p>	

OFFICE USE ONLY

APPROVED BY BUILDING OFFICIAL: _____ DATE: _____

TOTAL: _____ CASH/CHECK #: _____ RECEIPT #: _____ RECEIVED BY: _____