



OFFICE/CONSTRUCTION TRAILER APPLICATION

Serial # _____ Model # _____

Location of Unit: _____

Land Owner: _____

Unit Leasee: _____

Unit Owner: _____

Contact information of Responsible Party: _____

Date Purchased/ Leased: _____ Cost: _____

Make: _____ Year: _____ Size: _____

Application # _____ Zoning: _____ Tax Map/ Parcel: _____

Special Exception Approval Date: _____ Zoning Case#: _____

I certify that I have provided correct information and understand the requirements for placing a mobile commercial unit on the above stated property according to the site plan provided and approved by Augusta Planning & Development Department.

Customer Signature _____ Date _____

This application is APPROVED _____ DISAPPROVED _____ based on the above information provided by the applicant and the minimum standards of the Comprehensive Zoning Ordinance of Augusta, Georgia.

Signature Augusta Planning and Development _____ Date _____

This approval is not a permit. It is to verify that the above site meets the zoning standards of the Comprehensive Zoning Ordinance for mobile commercial unit placement on a lot, parcel, or tract. Other agencies must be contacted for permits involving utility and sanitary sewer installations.

Health Department 706-667-4234 County Building Inspector 706-312-5050

FOR USE BY BUILDING INSPECTION

I have personally inspected the electrical installation for the commercial unit described above and verify that it meets _____ does not meet _____ all regulations of the electrical codes.

Electrical Inspector _____ Date _____

FOR USE BY THE HEALTH DEPARTMENT

I have personally inspected the septic tank and/or well installation on the commercial unit described above and verify that it meets _____ does not meet _____ all regulations of the health codes.

Health Department Inspector _____ Date _____