Town of Brooks

961 Hwy 85 Connector, PO Box 96 Brooks, Georgia 30205 770-719-7666

Six Month Temporary Office/Storage Trailer Application

What we need to approve your application: (Print or type)

1. Proof of ownership or Certification of Owner's Consent.

2.	Owner's name and address:	
3.	. Applicant's name and address:	
4.	Applicant's telephone number:	
5.	Site Plan (2 copies, showing proposed trailer, other buildings, if any on the property	
	and all set-backs as per current Town of B	rooks regulations.)
6.	Size of trailer	
7.	Non-refundable fee of \$25.00.	
8.	3. Date	
9.	O. Lot number, if any, and building site address:	
No	Tote: The trailer shall be identified by a sign	denoting the name of the business.
and sta Count have applic covena Once to Fayett	mation provided is correct. I agree to comply with a tate laws relating to building construction, and here ty Building Department to enter the above-mention a legal right to apply for the permit and to authorize ation is not in conflict with any deed restrictions of the nants and restrictions; and I have received all approve this application has been approved by the Town of the County Building Department, 140 Stonewall Averwill need a copy of this form.	by authorize representatives of the Fayette ed property for inspection purposes. I certify that the entry. Additionally, I certify that this record; is in conformity with all conditions, vals required. Brooks, a permit must be obtained from the
Signe	ed by:	
Printe	red name	_
Date	Received	
Appr	rovedDenied	
Zonir	ng Administrator Signature	
Date_	Edward J. Lanham	