

Commercial Building Permit Applications



Commercial Permit Applications

January 1, 2014

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147 Technology Parkway, Suite 200
 Peachtree Corners, GA 30092
 678-691-1200

Building Permit Application

- Residential
- Commercial

Date: ____ / ____ / ____ Permit No. _____

ESTIMATED VALUE (Labor and Materials): _____

JOB SITE ADDRESS: _____ **PROJECT NAME:** _____ **SUITE:** _____

Property Description: _____ Land Lot Number: _____ Subdivision: _____

Job Description:

Property Owner	Name: _____			
	City: _____	State: _____	Zip: _____	Phone: _____

General Contractor	Name: _____		License No.: _____	
	City: _____	State: _____	Zip: _____	Phone: _____

Trades Required: Check MECHANICAL ELECTRICAL PLUMBING LOW VOLTAGE HOOD	Contact Person: _____ Phone: _____ Fax: _____ Email: _____	Design Professional: Phone: _____ Fax: _____ Email: _____
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Total Area: _____ **Sq. Ft.** **Within 2,000 feet of River Corridor?** ___Y ___N

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the current Codes as adopted by the Georgia Department of Community Affairs.

Signature of Applicant or Permittee: _____ Date: _____

FOR OFFICE USE ONLY

Application Accepted by: _____

Construction Type: _____ Occupancy: _____

	Sq. Footage	Valuation Type	Valuation \$	Total Valuation
Heated				
Unheated				
TOTAL				

Administrative Fee: \$ _____ Date Paid: _____	Plan Review Fee: \$ _____ Date Paid: _____	Permit Fee: \$ _____ Date Paid: _____	CO Fee: \$ _____ Date Paid: _____	Total Fee: \$ _____ Date Paid: _____
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CITY OF PEACHTREE CORNERS TEMPORARY ELECTRICAL SERVICE REQUEST APPLICATION

Request for temporary approval of electric service conductors and service switch

Date: _____ Building Permit Number: _____
Project: _____ Suite: _____
Project Address: _____
Number of day's temp service requested: _____
Utility Provider: _____

This system is requested for machinery and equipment testing

1. The general contractor thereby assumes all responsibility for any use of electricity in the structure during the temporary period. Any extension of the temporary approval shall be thru re-application submittal.
2. This Temporary Conditional Electric Service is being given as a convenience for the Contractor / Permit Holder. Violation, such as any unapproved occupancy or use of power for other purposes than being requested, will be considered sufficient cause for the power to be terminated, as well as denial of future request for Temporary Power by the Contractor / Permit Holder. The City of Peachtree Corners also reserves the right to have the temporary power removed at any time it feels that the safety of workers or any other persons may be in danger due to the Temporary Electrical Power.

Contractors Statement:

I / We relieve the City of Peachtree Corners and its employees from any and all liability for damages or loss due to the temporary electrical service approval.

Date: _____
Signed by: _____
Printed Name: _____
Company Name: _____
Address: _____

Electrical Contractors Statement:

The service equipment for which approval is being applied for has been installed in accordance with applicable codes and is ready for inspection.

Date: _____ Company Name: _____
Electrical Contractor Printed Name: _____
Electrical Contractor Signature: _____
Card #: _____ Class: _____ Expiration: _____

**CITY OF PEACHTREE CORNERS
SUBCONTRACTOR AFFIDAVIT**

NOTICE: This form must be completed, signed and submitted to the Community Development Department before a Certificate of Occupancy will be issued. **A Copy of your current Business License and State Trade License must accompany all affidavits.** All information requested on this form is mandatory.

Building Permit #: _____

Job Site Address: _____

Subdivision: _____ **Lot/Bldg/Ste:** _____

General Contractor: _____

Sub-Contractor Business Name: _____

Address: _____ **Ph #** _____

Email Address: _____

This is to certify that I am responsible for the: (PLEASE CHECK)

- | | |
|--|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Low Voltage |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Other _____ |

**Note: This affidavit for septic/sewer line connection is acceptable in lieu of inspections ONLY for the following:
One & Two Family Dwellings, Duplexes, Triplexes, Townhouses & Condominiums.**

I certify that I have and will comply with all codes and ordinances adopted by the City of Peachtree Corners that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated work at this job until Building Inspections has been notified, in writing of any change. I further agree to indemnify the City of Peachtree Corners and its inspectors from any liability for damages and loss of property if the work performed by our firm has not been installed in accordance with these codes and ordinances.

Signature: _____ **Date:** _____

Sworn to and subscribed before me,

This _____ day of _____, 20____.

(Notary Public – Please notarize with official seal)

Construction Valuation for Stand-Alone Permits: _____

Commercial Plan Review Submittal Form

To help save time when submitting plans for building and fire plan review, city officials have developed this form for your use.

Please fill in all blanks and check all appropriate boxes for each planned construction project.

Project Type? New Const. Addition Interior Finish Demolition Site Wall

Project Name: _____

Project Street Address: _____

Contact Person to receive review comments, **if** other than Project Architect contact person:

Name: _____ Tel: _____ Email: _____

Contact Person Street Address: _____

Applicant Name: _____ Tel: _____ Email: _____

- | Y | N | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pre-approval by other authority, if required? – County Sewer/Health, etc.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completed and signed City building permit application form included? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One page Site Plan or Key / Location Plan included? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Title Page included showing at least the following information applicable for work to be done? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site street address to include suite / building number? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Project size, type & brief use description? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule of occupancy use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Room by room egress occupant load calculations? - NFPA 101 Table 7.3.1.2. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Egress width calculations? - NFPA 101 Section 7.3.3.1. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Building construction type and fire protection information? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Building height and area modification calculations? Applicable only to new building or addition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Listing of effective codes for design and construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Property owner's name, street address, contact person, telephone number and e-mail address? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All designers' names, street address, contact person, telephone number and e-mail address? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan page index listing all plan pages included in the submittal? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete architectural plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete structural plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete mechanical plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete electrical plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete low voltage plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete plumbing plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complete fire protection plans included and match plan page index? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structural Design Summary included for all new structures and additions to existing structures? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Georgia Energy Code Compliance Report included for all new buildings and adds to existing buildings? |

Comments:

State Licensing Board for
Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: _____ **Individual** _____ **Qualifying Agent**

Name of licensed person _____

*Please attach a copy of Individual license or Company License (Reflects Company and qualifying agent license number)

License number of individual or qualifying agent: _____

Name of licensed company (if applicable) _____

License number of company (if applicable): _____

I, _____, hereby designate
Licensed Individual or Qualifying Agent

_____ to apply for and obtain the permit(s) for the

*Please attach a copy of the authorized permit agent's driver's license.

Project at:

Street address:

Apartment or Suite Number:

City, Zip Code:

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents is true and correct.

Signature of individual or qualifying agent:

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20__

Signature of Notary Public _____ (Seal)