

Commercial Building Permit Applications



Commercial Permit Applications

**FOR: BUILDING, SIDING, ROOFING,
SOLAR PANELS, AND GENERATORS**

January 1, 2014

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310 Technology Parkway
 Peachtree Corners, GA 30092
 678-691-1200

Building Permit Application

- Residential
- Commercial

E-Plan # _____

Date: ____ / ____ / ____

Permit # _____

ESTIMATED VALUE (Labor and Materials): _____

JOB SITE ADDRESS:

PROJECT NAME:

SUITE:

Property Description:

Land Lot #:

Subdivision:

Septic Sewer

Job Description:

Property Owner

Name:

City:

State:

Zip:

Phone:

General Contractor

Name:

State License No.:

Business Name:

Phone:

Trades Required: Check

- MECHANICAL ELECTRICAL
- PLUMBING LOW VOLTAGE
- HOOD

Contact Person:

Phone:

Email:

Design Professional:

Phone:

Email:

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: _____

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? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Egress width calculations? |
| <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: _____



PEACHTREE CORNERS BUILDING DIVISION

310 Technology Pkwy., Peachtree Corners, GA 30092

Phone: (678) 691-1200 | www.peachtreecornersga.gov

AUTHORIZED PERMIT AGENT FORM

Directions:

- Complete the required fields.
- Attach a copy of the individual / qualified agent license.
- Attach a copy of the company license.
- Attach a copy of the driver's license of the person seeking to be authorized as an agent of your company.
- Attach a copy of the individual / qualifying agent photo ID, *and sign in the presence of a Notary.*

Name of Licensed Individual: _____ **Phone:** _____

License Number of Individual or Qualifying Agent: _____

Name of Licensed Company (if applicable): _____

License Number of Company (if applicable): _____

I, _____, do hereby designate _____
Print the name of the license holder Print the name of the authorized agent

to apply for and obtain the permits for the project located at:

Street Address: _____ **Unit / Suite Number:** _____

City: _____ **State:** _____ **Zip:** _____

I, the undersigned, being the contractor that is licensed 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. I further understand that the City of Peachtree Corners may revoke this authorization at any time.

Signature of Individual or Qualifying Agent: _____ **Date:** _____

County of: _____ **State of:** _____

Subscribed and sworn to before me on this, the _____ day of _____ 20 _____

Signature of Notary Public: _____

Place Notary Seal Below