



**CITY OF PEACHTREE CORNERS  
BUILDING DEPARTMENT**

310 Technology Parkway, Peachtree Corners, GA, 30092  
Tel: 678-691-1200 | www.peachtreecornersga.gov

**Trade Permit Application**

Application Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Work:      Electrical / Low Voltage      HVAC / Mechanical      Plumbing / Gas

Estimated Value of Work (Labor and Materials): \_\_\_\_\_

**PROJECT INFORMATION**

Job Site Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Existing Building?      Yes      No      E- Plan Number: \_\_\_\_\_

Use:      Commercial      Single Family      Multi-family      Number of Units: \_\_\_\_\_

Scope of Work:

**CONTRACTOR INFORMATION**

Business Name: \_\_\_\_\_ State Certification Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

Occupational Tax Number: \_\_\_\_\_ City / County Held: \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
State License Number      Signature of Contractor      Date

*Applicant MUST attach a copy of: Driver's License, State License Card, and Business License (Occupation Tax License)*

<b>FOR OFFICE USE ONLY</b>		
Administrative Fee: \$ _____	Permit Fee: \$ _____	Total Fee: \$ _____
Permit Number: _____		Application Accepted by: _____