

Residential Permit Applications



Residential Permit Applications

January 1, 2014

INDEX OF APPLICATION & FORMS

The following forms are to be used when conducting business with the City of Peachtree Corners Community Development Department:

Affidavit – Compliance with Georgia State Energy Code for Buildings.....	3
Residential Building Permit Submittal Form.....	4
Residential Building Permit Application.....	5
Authorized Permit Agent Form.....	6
Affidavit of Homeowner Acting as a General Contractor.....	7

APPENDIX RD
MANDATORY COMPLIANCE CERTIFICATE

Georgia Residential Energy Code Compliance Certificate

This certificate shall be posted on or near the electrical distribution panel or air handler

Permit # _____

House Address or Community/Lot# _____

Building Summary

Builder Company Name	Signature	Contact (email/phone)	Date

Compliance Pathway (check one)	Building Envelope (when multiple values per component, list value covering largest area)		
<input type="checkbox"/> Prescriptive: R401-404	Ceiling/Roof R-value		Above-grade mass wall R-value
<input type="checkbox"/> UA Trade-off: R402.1.5	Sloped/vaulted ceiling R-value		Cantilevered floors R-value
<input type="checkbox"/> RESCheck: Keyed to 2015 IECC	Exterior wall R-value		Window/Glass Door SHGC
<input type="checkbox"/> Simulated Performance: R405	Kneewall (cavity and/or continuous) R-value		Window/Glass Door U-factor
<input type="checkbox"/> Energy Rating Index (ERI): R406	Foundation (cavity and/or continuous) R-value		Skylight SHGC
ERI Score	Floors over unconditioned R-value		Skylight U-factor

Mechanical Summary

HVAC Company Name	Contact (email/phone)	Date

Heating System Type	Efficiency (AFUE, HSPF, COP or other)	Cooling System Type	Efficiency (SEER, EER or other)	Water Heating Type	Efficiency (EF or other)
<input type="checkbox"/> Gas		<input type="checkbox"/> Air conditioner		<input type="checkbox"/> Gas	
<input type="checkbox"/> Heat pump		<input type="checkbox"/> Heat pump		<input type="checkbox"/> Electric	
<input type="checkbox"/> Other		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Manual J, S, D or equivalent complete?					

Required Mechanical Ventilation

Type (check one)	Design Rate (check one)	Design Ventilation Rate (CFM)
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Continuous	
<input type="checkbox"/> Supply	<input type="checkbox"/> Intermittent	
<input type="checkbox"/> Balanced	If intermittent, list runtime in min. per hour	

Duct and Envelope Tightness Testing Summary

DET Verifier	Contact (email/phone)	DET Verifier ID

Envelope Tightness Testing (< 5 ACH50)	(Envelope Tightness = Blower Door Fan Flow x 60 / Thermal Envelope Volume)	
Blower Door Fan Flow (CFM50)	Thermal Envelope Volume (ft ³)	Envelope Tightness (ACH50)
If multifamily unit and conducting sampling, this unit is not required to be tested. Mark N/A.		

Duct Tightness Testing (< 6 CFM25/100 ft ²)	(Total Duct Leakage = 100 x Fan Flow / Area Served)
Number of Heating and Cooling Systems	

Duct Tightness Leakage Test Results	System 1	System 2	System 3
If air handler and ductwork located entirely within in conditioned space			
Location			
Fan Flow (CFM25)			
Area Served (ft ²)			
Total Duct Leakage (CFM25/100 ft ²)			
Rough In Total (RIT) or Post Construction Total (PCT)			

RESIDENTIAL BUILDING PERMIT SUBMITTAL FORM

To help save you time when submitting applications for residential building permits, Building Plan Review has developed this form for your use. This is where you summarily tell us about your construction.

Please fill in all blanks and check all appropriate boxes for each of your construction projects.

Project Type: : New Home Addition Detached Garage Accessory Structure Interior Remodel Basement Finish
 Demolition Site Wall Swimming Pool

Project Street Address: _____

Printed Name of Person Submitting Application: _____

Applicant is: Owner/Agent Contractor/Agent Telephone No: _____

Y N N/A

- Completed and signed City building permit application form included?
- Georgia Energy Code Compliance Report? (Applies to all new dwellings and dwelling additions)
- Two (2) Site Development Plans included, drawn to a minimum scale of 1" = 30' ?
- Site plans locate all property lines, setbacks, easements, buffers, and drainage structures?
- Site plans locate all existing and proposed buildings or structures, and their footprints?
- Site plans locate all existing and proposed elevated decks, steps, walks, drives, & retaining walls?
- Site plans show no encroachment of any setbacks, easements, or buffers?
- Two (2) Building Plan included, drawn no smaller than 1/8" = 1' scale?
- Building plans include dimensioned floor plan for each level to be improved?
- Floor plans show listing of use of each room to be improved? (living room, kitchen, etc.)
- Floor plans show location and size of all doors, windows, and openings between rooms?
- Floor plans show location of water heaters, electrical panels, Furnaces / AC equipment?
- Floor plans show location of toilets, lavatory sinks, tubs, showers, kitchen & other sinks?
- Floor plans shows location of major appliances, cabinets/tops, and other built-in items?
- Foundation plans included showing location & structural details of footings, slabs, walls, etc.?
- Framing plans included showing location and structural details of floors, walls, ceilings, and roofs?
- Building plan shows side elevation views of exterior walls, with door/window, deck, stairs located?
- Building plan shows side elevations and top plan view of roof, showing roof pitch for each section?
- Building plan notes type and R-Rating of all exterior wall, floor, and roof insulation to be installed?
- Gwinnett County Sewer Permit (Tap) Receipt Included? (applies to all new/moved dwellings)
- Not used
Is property on a septic system?

Applicant Signature: _____ Date: _____



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 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: _____	Design Professional: _____
	Phone: _____	Phone: _____
	Fax: _____	Fax: _____
	Email: _____	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: _____
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State Licensing Board for Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office will 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)

CITY OF PEACHTREE CORNERS

AFFIDAVIT OF HOMEOWNER ACTING AS GENERAL CONTRACTOR

Address of Property _____ Date _____

Name of Homeowner _____

Work to be performed _____
(New house, basement finish, room addition, kitchen remodel, etc.)

I, homeowner of the subject property, will be acting as general contractor for work to be performed at this property. I will personally perform the work, or I will directly hire and pay the individual trades to perform the work, including framing, electrical, mechanical, plumbing, roofing, siding, drywall, painting, etc., as applicable. I will be personally providing direct supervision and management of all trades.

I will not hire or contract with any unlicensed individual or company to obtain, manage, or supervise the construction trades people because I understand that any person performing these management tasks must have a contractor's license under Georgia Law. I also recognize that if I contract with an unlicensed individual or company to perform work which, in Georgia, requires a contractor's license, such contract may be unenforceable under Georgia law. I further understand that knowingly representing that I will be homeowner/contractor for the purposes of obtaining a building permit, when in fact I will not be personally performing or managing the work, is a misdemeanor and may result in fines or other remedies of law.

I will personally perform the work, or I will directly hire and pay the following individuals or companies (as applicable), as itemized on the attached schedule.

This is to certify that I am responsible for the:

Electrical	Plumbing
Mechanical	Low Voltage
Building	Other

I, the undersigned, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents is true and correct.

Signature: _____

State of _____ **County of** _____

Subscribed and sworn to before me this _____ **day of** _____, **20** _____.

Signature of Notary Public: _____ **(Seal)**