



Date _____

Application Number _____

*Project Address _____

Project Name _____

DETAILED DESCRIPTION OF WORK BEING COMPLETED

| | | |
|--|----------------------------|--|
| *Total Cost of Construction: \$ _____ | Number of Buildings: _____ | Total Square Feet of Floor Area: _____ |
| | Number of Stories: _____ | Number of Residential Units: _____ |

Is Inclusionary Zoning applicable to this project? Yes No (If yes, see additional requirements below)
INCLUSIONARY ZONING: All conversions and new multifamily residential rental projects with 10 or more units in the Beltline Overlay District OR Westside neighborhoods of English Avenue, Vine City, Ashview Heights, or AUC must complete and submit the Inclusionary Zoning Certification Form with their application”

PROPERTY OWNER

*Name _____
 *Street Address _____ *City _____ *State _____ *Zip Code _____
 *Phone _____ Email Address _____

CONTRACTOR/BUILDER To Be Determined

Name _____ Company Name _____
 Street Address _____ City _____ State _____ Zip Code _____
 Phone _____ Email Address _____
 Business License Number _____ Expiration Date _____ State Contractor’s License Number _____ Expiration Date _____

ARCHITECT/ARCHITECTURAL COMPANY N/A

Name / Company Name _____
 Company Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Georgia License Number _____
 Email Address _____

ENGINEER/ENGINEERING COMPANY N/A

Name / Company Name _____
 Company Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Georgia License Number _____
 Email Address _____

APPLICANT Property Owner Property Owner’s Agent Contractor Contractor’s Agent

*Name _____ Company Name _____
 *Street Address _____ *City _____ *State _____ *Zip Code _____
 *Phone _____ *Email Address _____

FOR OFFICE USE ONLY EXPRESS RESIDENTIAL LIGHT COMMERCIAL COMMERCIAL

ZONING _____ PARCEL IDENTIFICATION NUMBER _____ RELATED RECORD _____



PLAN DISTRIBUTION WORKSHEET

Intake Coordinator (This field must be completed)

Date

PLAN REVIEW DEPOSIT REQUIREMENTS

Building Plan Review: Yes No

Site Development Plan Review: Yes No

PERMIT TYPE:

- RESIDENTIAL LIGHT COMMERCIAL COMMERCIAL MAJOR PROJECTS
 AIRPORT OUTDOOR EVENT SUBDIVISION SPECIAL PROJECTS

SUBTYPE

- Addition Alteration Conversion Demolition Land Development
 Misc. Non Structural Misc. Structural New Pool _____

OOB PLAN DISTRIBUTION

NUMBER OF PLAN SETS SUBMITTED

| | Arch. | Civil |
|-------------------------|-------|-------|
| Arborist | | |
| Building | | |
| Electrical | | |
| Fire Assembly | | |
| Fire Site | | |
| Gas Line | | |
| Grease Trap | | |
| Mechanical | | |
| Planning | | |
| Plumbing | | |
| Sewer Capacity (Form) | | |
| Site Development | | |
| Structural | | |
| Traffic | | |
| Urban Design Commission | | |
| Water | | |
| Zoning | | |
| | | |

- _____ Architectural / Structural
 _____ Civil
 _____ County Solid Waste
 _____ Electrical
 _____ Fire Assembly (Floor Plan/Seating Plan or Format)
 _____ Fire Site (Utility/Grading)
 _____ Hydro
 _____ Grease Trap
 _____ Health Kitchen
 _____ Mechanical
 _____ Plumbing
 _____ State Fire Marshall
 _____ Water (Utility/Grading)

CUSTOMER PLAN DISTRIBUTION

- County Solid Waste Health Kitchen Park Design State Fire Marshall

COMMENTS



PROJECT ADDRESS: _____ **PERMIT NUMBER:** _____

APPLICANT RESPONSIBILITY

To insure that your application will be processed ALL applicable information MUST be provided. The City of Atlanta Bureau of Buildings is not responsible for any incorrect information provided on this application.

Termination of application due to inaccuracies in application information will result in forfeiture of any fees paid.

By accepting the Terms of Use below you affirm to the following:

I affirm to the best of my knowledge that the projected cost of construction entered on this application is based on contractor's or design professional's estimate. I understand this value will be compared to Building Plan Reviewer's estimate. Building Plan Reviewer's estimate is generated using the current Building Standard cost of construction as adopted in the City of Atlanta Code of Ordinance. I understand that the cost of permit will be generated based on the largest value of the proposed cost of construction.

Applicant's Name Applicant's Signature Date

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Contractor Licensing - City of Atlanta - Office of Buildings

I affirm that this permit shall be issued and work done Pursuant to O.C.G.A. § 43-41-14, any person or business organization seeking to perform any contracting activity or work which must be undertaken by a licensed residential contractor or general contractor is required to furnish to the Director of the Bureau of Buildings, a sworn written document containing his or her residential contractor or general contractor license number or in the case of a business organization, the identity of the qualifying agent obtaining the permit and whose technical and personal qualifications have been determined by investigation and examination as provided in Chapter 41 of Title 43 of the Georgia Code except as exempted therein. This requirement may include a scope of work requiring licensure under Chapter 14 of Title 43 of the Georgia Code but does not authorize any such work for which some other type of license is required by Chapter 14.

In order to comply with O.C.G.A. § 43-41-14 I affirm that the Exception to Contractor Licensing Requirements is allowed because exemptions and exceptions are set forth in O.C.G.A. § 43-41-17 and may be allowed by other applicable state law shall be met or that the Contractor is duly registered with the State Licensing Board for Residential and General Contractors, based on my examination of plans and other relevant documents, and having made such other and further diligent inquiries concerning the project which is the subject of above referenced building permit application, including without limitation, a review of all applicable state and local laws, ordinances, building codes and zoning codes, as are necessary to confirm that the scope of the work for this project is work that is permitted, to lawfully undertake pursuant to the above referenced license.

I have read and accept the above terms.

Applicant's Name Applicant's Signature Date



PROJECTED COST OF CONSTRUCTION FORM

Application Number: _____

Project Address _____

City _____ State _____ Zip Code _____

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Project Name (if applicable): _____

Projected Cost of Construction: _____

Methodology Used: Bid Estimate Other: _____

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The form must be completed by the Owner, Contractor, Architect, or Engineer (check one).

Name: _____

Company: _____

Address: _____

Phone: _____ **Email:** _____

(Signature)

Date

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public seal and signature