



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		
Sanitation		
Sewer Capacity (Form)		
Site Development		
Structural		
Traffic		
Urban Design Commission		
Water		
Zoning (Open Queue)		

- _____ 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



PROJECTED COST OF CONSTRUCTION FORM

Application Number: _____

Project Address _____

City _____ State _____ Zip Code _____

=====

Project Name (if applicable): _____

Projected Cost of Construction: _____

Methodology Used: Bid Estimate Other: _____

=====

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