



BUILDING PERMIT APPLICATION
(Residential, Light Commercial, & Commercial)

Date				Application Number				
JOB DESCRIPTION								
Project Name								
Project Address								
Cost of Construction				\$	Total Square Feet of Floor Area			
Number of Buildings			Number of Stories			Number of Residential Units		
DETAIL DESCRIPTION OF WORK BEING COMPLETED								
Is Inclusionary Zoning applicable to this project? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see additional requirements below) INCLUSIONARY ZONING: <i>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"</i>								
PROPERTY OWNER								
Name								
Street Address								
City				State			Zip Code	
Contact Number				Email Address				
CONTRACTOR / BUILDER <input type="checkbox"/> To be Determined								
Contact Name				Company Name				
Street Address								
City				State			Zip Code	
Contact Number				Email Address				
Business License Number		Exp. Date		State Contractor's License Number		Exp. Date		
ARCHITECT / ARCHITECTURAL COMPANY <input type="checkbox"/> Not Applicable								
Contact Name				Company Name				
Street Address								
City				State			Zip Code	
Contact Number				Email Address				
Georgia License Number								
ENGINEER / ENGINEERING COMPANY <input type="checkbox"/> Not Applicable								
Contact Name				Company Name				
Street Address								
City				State			Zip Code	
Contact Number				Email Address				
Georgia License Number								
APPLICANT <input type="checkbox"/> Property Owner <input type="checkbox"/> Property Owner's Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Agent								
Name				Company Name				
Street Address								
City				State			Zip Code	
Contact Number				Email Address				
FOR OFFICE USE ONLY								
Workstream	<input type="checkbox"/> Residential		<input type="checkbox"/> Light Commercial		<input type="checkbox"/> Commercial			
Related Record's Permit Number								
Parcel Identification Number						Zoning		



APPLICANT RESPONSIBILITY FORM

PROJECT ADDRESS		PERMIT NUMBER	
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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	
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PROJECT ADDRESS				
Street address				
City		State	Georgia	Zip Code

Project Name (if applicable)			
Projected Cost of Construction			
Methodology Used	<input type="checkbox"/> Bid	<input type="checkbox"/> Estimate	<input type="checkbox"/> Other:

This form must be completed by the: <input type="checkbox"/> Owner, <input type="checkbox"/> Contractor, <input type="checkbox"/> Architect, or <input type="checkbox"/> 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