



PRE-SCREEN APPLICATION
CITY OF ATLANTA - OFFICE OF BUILDINGS
 55 Trinity Avenue, Suite 3900, Atlanta, Georgia 30303 - (404) 330-6150

Date

Application Number

*** REQUIRED SECTION - APPLICATION WILL NOT BE PROCESSED UNLESS REQUIRED SECTIONS ARE COMPLETE.**

PROJECT ADDRESS

ZONING

PROJECT NAME:

RELATED CAP

DETAIL WORK DESCRIPTION:

*Ttl Cost of Constr.: \$ _____	No .of Buildings: _____	Total Sq. Ft. of Floor Area: _____
	No. of Stories: _____	No. of Residential Units: _____

***PROPERTY OWNER:** Applicant

*Name: _____

*Street Address _____ *City _____ *State _____ *Zip Code _____

*Phone Number _____ *Email Address _____

***CONTRACTOR / BUILDER:** Property Owner Applicant To Be Determined

*Name: _____ Company Name _____

*Street Address _____ *City _____ *State _____ *Zip Code _____

*Phone Number _____ *Email Address _____

*City County License # _____ *Expiration Date _____ *State Contractor's \ License # _____ *Expiration Date _____

ARCHITECT / ARCHITECTUAL COMPANY: N/A

ENGINEER / ENGINEERING COMPANY: N/A

Name / Company Name _____

Name / Company Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone Number _____ Georgia License # _____

Phone Number _____ Georgia License # _____

Email Address: _____

Email Address: _____

***THE ATTACHED APPLICANT RESPONSIBILITY STATEMENT MUST BE SIGNED BY THE APPLICANT.**

***APPLICANT:** Property Owner Property Owner's Agent Contractor Contractor's Agent

*Name: _____ Company Name _____

*Street Address _____ *City _____ *State _____ *Zip Code _____

*Phone Number _____ *Email Address _____