



12000 Findley Road, Suite 400  
 Johns Creek GA 30097  
 678-512-3200 ~ 678-512-3303 (fax)

# Building Permit Application

Residential

Commercial

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permit No. \_\_\_\_\_

ESTIMATED VALUE (Labor and Materials): \$ \_\_\_\_\_

**JOB SITE ADDRESS:**

**SUBDIVISION/PROJECT NAME:**

**LOT/SUITE #:**

**Job Description:**

**Property Owner**

Name:

Email:

Address:

Phone:

**General Contractor**

Business Name:

Email:

Address:

Phone:

Contact Person: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Design Professional: \_\_\_\_\_ Office: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

TOTAL Heated SQFT: \_\_\_\_\_ Number of Units/Suites: \_\_\_\_\_

TOTAL Unheated SQFT: \_\_\_\_\_ TOTAL Construction Area SQFT: \_\_\_\_\_  
 (garage/basement)

TOTAL Under Roof: \_\_\_\_\_ 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 Department of Community Affairs.

Signature of Permittee or Designated Agent: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Accepted by:

**Trades Required:**  Electrical  Plumbing  Mechanical  Low Voltage  Hood

Notes:

Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Site Fee: \$ _____	Permit Fee: \$ _____	Stop Work Penalty: \$ _____	Total Fee: \$ _____
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