



BUILDING DEPARTMENT
 153 WILLOWBEND ROAD PEACHTREE CITY, GA 30269
 Ph: 770-487-8901 FX: 770-631-2552
bldg@peachtree-city.org
 Inspection request: 770-631-2588 ext 1222

Permit #: _____
<i>Office Use Only</i>

PROJECT TYPE		JOB SITE ADDRESS			DATE: ___ / ___ / ___
<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential	Address: _____			Estimated Value (Labor & Materials): \$ _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	Subdivision/Name of Business	Block	Lot	

BUSINESS OR HOME OWNER	Name _____ Address _____ City, State, Zip _____ Phone _____ Fax _____ Email _____	GENERAL CONTRACTOR	Business Name: _____ Address _____ City, State, Zip _____ Phone _____ License# _____ Email _____
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ARCHITECT	Name _____ Address _____ Phone _____ Fax _____ Email _____	FENCE		SWIMMING POOL
		TYPE/MATERIAL	FENCE HEIGHT	<input type="checkbox"/> Gunite _____ <input type="checkbox"/> Vinyl _____ <input type="checkbox"/> Abv Gnd _____ <input type="checkbox"/> Spa size _____ <input type="checkbox"/> Heater _____
		<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Pool	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Chain link blk/grn/brn vnyl <input type="checkbox"/> Powder Coated Aluminum <input type="checkbox"/> Other _____	

DESCRIBE PROJECT	_____	PROJECT INFO	APPROVALS	Building Height: _____	New Heated sq ft: _____
	_____		<input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Water FCEH approval date: _____ _ / _ / _	# of Floors: _____ # of Bedrooms: _____ # of Baths: _____ # of Fireplaces: _____ Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Unheated sq ft: _____ Total sq ft: _____

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work is started separate permits are required for electrical, plumbing, heating, fireplace ventilation, air conditioning.

I hereby certify that I have read and examined this application and the information provided herein is true and correct. No changes shall be made from that which is stated in this application, or in attached plans and specifications. 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 further certify that all construction will comply with the International Building Codes.

Signature of Owner/Agent/Applicant: _____ Date _____

Print Applicant Name: _____ Phone #: _____

FOR OFFICE USE ONLY		Stormwater Utility Bill up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Type:	Occupancy Type:
Application Accepted by:	Date	Plan Number:	Plan on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Name:

HOA	Approved by HOA? <input type="checkbox"/> Verbal approval <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Written approval	HOA checked by: _____	Date _____
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PLANNING & ZONING				ENGINEERING		
Zoned:	Conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - see attached	Approved LDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Conforms with LDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project in Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Setbacks: Front	Side	Rear	Additional Impervious Area: <input type="checkbox"/> Yes - (fillout back section) <input type="checkbox"/> No		Total new impervious area: _____ ft ²	
Zoning checked by _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Date _____	Engineering checked by _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date _____

FEES PAID	PERMIT:	LDP:	FIRE MARSHAL:	PLAN REVIEW:	CO:	TOTAL:
	\$ _____ / _____ / _____	\$ _____ / _____ / _____	\$ _____ / _____ / _____	\$ _____ / _____ / _____	\$ _____ / _____ / _____	\$ _____ / _____ / _____

BUILDING PERMIT

For the complete Building and Construction Ordinance please reference [Chapter 18](#) in Peachtree City's Code of Ordinances

Impervious Area Calculation

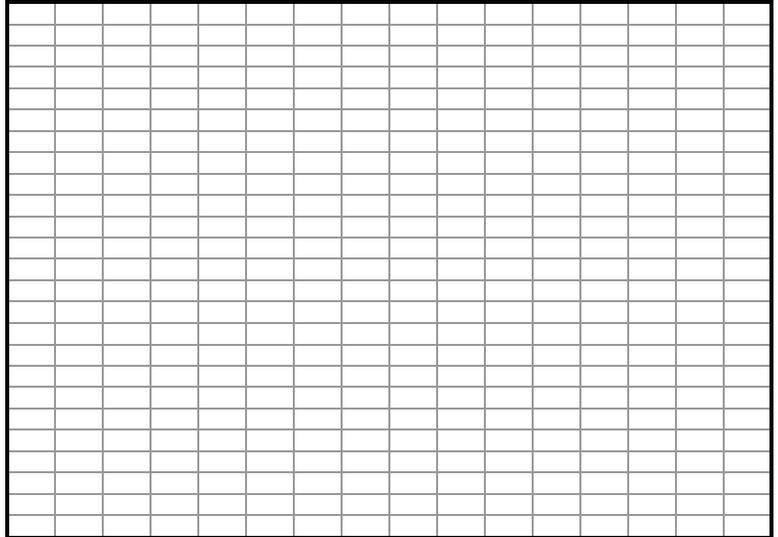
An area is considered impervious if it does not allow the infiltration of rainfall or stormwater runoff into the soil. Examples: Pavement, compacted gravel sidewalks, roofing, etc.

Description of Impervious Area:

In the area to the right please draw, and label, the footprint of both existing and new impervious area. Drawings do not have to be to scale, but dimensions MUST be included.

TOTAL NEW IMPERVIOUS AREA IN SQUARE FEET:

_____ FT²



PROVIDE TWO COMPLETE PRINTED SETS OF PLANS THAT INCLUDE:

The applicant shall check all plans submitted at application.

- A. Site Plan
- B. Scope of work
- C. Foundation Plan
- D. Accessibility Plan (if applicable)
- E. Life Safety Plan-commercial
- F. Floor Plan and scope of work
- G. Signed and Sealed Architectural Plans (if applicable) with a code summary
- H. Signed and Sealed Structural Plans if applicable
- I. MEP Plans- signed and sealed if applicable for commercial
- J. COMcheck or REScheck energy compliance worksheets
- K. Elevations
- L. Typical Wall sections
- M. Figure 7 Deck Framing Detail
- N. Swimming Pool Plans- all site plans for pools, spas and hot tubs must show all equipment locations and distance to property lines. Per City Ordinance, no portion of the pool, pumping equipment, filters or other related accessory equipment may be closer than 4' to the property line.

Most residential construction require only a site plan, foundation plan, floor plan, typical wall section and elevations. A complete scope of work will also be required.

Per O.C.G.A. 43-4-14(b)(3), new or existing assembly occupancies, educational, health care, correctional or detention facilities, hotels, dormitories or lodging facilities, multifamily housing or apartment complexes and care facilities require the plans to be prepared by a State of Georgia licensed Architect. These drawings shall bear the seal and signature of the Architect of record.