



PERMIT #:

City of Peachtree City
 153 Willowbend Rd
 Peachtree City, GA 30269
 Phone: 770-487-8901
 Fax: 770-631-2552
PeachtreeCityGA.gov

BUILDING PERMIT APPLICATION

Applicant Name:		Ph#:	Email:
Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration	Application Date:	Estimated Cost (Labor + Materials): \$
Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB			
Occupancy:			
<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4
<input type="checkbox"/> A5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F1
<input type="checkbox"/> F2	<input type="checkbox"/> H1	<input type="checkbox"/> H2	<input type="checkbox"/> H3
<input type="checkbox"/> H4	<input type="checkbox"/> H5	<input type="checkbox"/> I1	<input type="checkbox"/> I2
<input type="checkbox"/> I3	<input type="checkbox"/> I4	<input type="checkbox"/> M	<input type="checkbox"/> R1
<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> R4	<input type="checkbox"/> S1
<input type="checkbox"/> S2	<input type="checkbox"/> U		
Permitted Area Heated Square Feet:		Permitted Area Unheated Square Feet:	Permitted Area Total Square Feet:

PROJECT INFORMATION

Job Site Address:	Subdivision: _____ Lot Number: _____
Property Owner Information: Name: _____ Phone # _____	
Address _____ City _____ State _____ Zip Code _____	
Scope of Work: _____	
<input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Finished Basement <input type="checkbox"/> Siding <input type="checkbox"/> Deck <input type="checkbox"/> Carport <input type="checkbox"/> Pool <input type="checkbox"/> Shed <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Windows <input type="checkbox"/> Fence (Height) _____ (Material) _____ Scope of work includes: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	
# of Bedrooms:	# of Dwelling Units: Electricity Provider:

CONTRACTOR INFORMATION

Business Name:	State Certification Number:
Street Address	
City	State Zip Code Phone
Print name of Contractor	
Email address:	

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance thereof.

Signature of Contractor & (State Certification number)

Date

FOR OFFICE USE ONLY	Plan on File? Yes <input type="checkbox"/> No <input type="checkbox"/>	Application Accepted by:	Date:
Adjusted Construction Cost per ICC building valuation Data \$			
WASA Approval:	Septic Approval:	HOA/ARB Approval:	Stormwater up to date: Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan Review Fee: \$ _____ Invoice #	Permit Fee: \$ _____ Invoice #	Fire Marshal Fee: \$ _____ Invoice #	
LDP Fee \$ _____ Invoice #	CO Fee \$ _____ Invoice #	Total Permit Fee \$ _____ Invoice #	

