



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 #: _____

Type of Work:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	Application Date	Estimated Value of Work (Labor and Materials): \$
	<input type="checkbox"/> New	<input type="checkbox"/> Addition		
Construction Type: 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 <input type="checkbox"/> Occupancy: 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 <input type="checkbox"/>				
Permitted Area Square Foot:	Heated Square Foot:	Unheated Square Foot:	Total Square Foot:	
Applicant Name:		Phone:	Email:	

PROJECT INFORMATION

Job Site Address:	Subdivision: _____ Lot Number: _____
Property Owner Information: Name: _____ Phone # _____	
Address	City State Zip Code
Scope of Work: _____ _____	
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"/> Sign <input type="checkbox"/> Storage Building <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Windows <input type="checkbox"/> Fence <input type="checkbox"/> Fence Height _____ Fence Material _____	
Scope of work includes: Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/>	
Lot Size	# 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. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. 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		Application Accepted by:	Date:
Adjusted Construction Cost per ICC building valuation Data \$			
WASA Approval	Septic Approval	Date	HOA/ARB Approval
Plan Review Fee: \$ _____ Invoice # _____	Permit Fee: \$ _____ Invoice # _____		Fire Marshal Fee: \$ _____ Invoice # _____
LDP Fee \$ _____ Invoice # _____	CO Fee \$ _____ Invoice # _____		Total Permit Fee \$ _____
Stormwater utility bill up to date Yes <input type="checkbox"/> No <input type="checkbox"/>	Plan on File? Yes <input type="checkbox"/> No <input type="checkbox"/>		Invoice # _____

