BUILDING DEPARTMENT



80 Main St. – Senoia, GA 30276 APPLY ONLINE : <u>www.senoia.com</u>

Main: (770) 599-3679 Inspections: (770) 474-9393 Inspection Request: tyroneoffice@safebuilt.com

Website: www.senoia.com

APPLICATION SUBMITTAL REQUIREMENTS

Paper plans will NOT be accepted. All plans and documentation must be provided in PDF format.

Please make sure you submit all the required documents with your application:

- · Scope of Work can be attached if more space is needed
- · Site plan with distances to each property line and/or easement labeled
- · Deck framing detail for all decks
- Swimming pool plans, including site plans and equipment locations. Distance from all property lines shall be labeled.
- · Foundation plan, if applicable
- · Accessibility plan, if applicable
- Life Safety Plan for non-residential construction
- · Floor plan, if applicable
- Signed and sealed architectural plans*, if applicable, with a code summary
- MEP plans, signed and sealed, if applicable
- COMcheck or REScheck energy compliance worksheets, if applicable
- Building elevations for all non-residential construction, or when required by Planning Dept.
- · Typical wall sections, if applicable

*Per O.C.G.A. 43-4-4(b)(30, new or existing assembly occupancies, educational, health care, correctional or detention facilities, hotels, dormitories or lodging facilities, multifamily housing 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.

A complete application is required at the time of submittal. Missing required documentation will result in failed reviews and resubmittal fees.

Certain applications require photocopies of contractor license, registered agent documents, WASA tap receipts, WASA grease tap plan approvals, Water Department receipts, Health Department approvals for construction, or other documentations. If you have questions about what is required for your permit type, please review the Building Department website at https://www.senoia.com/building/page/building-and-zoning-forms and select your permit type.

PLAN REVIEW CHECKLIST

Actual Dimensions of Property Street Address Lot Number Property Lines Building Location(s) Number of Units Flood Plains Buffers Retaining Walls Setbacks

Easements

Yes	No	N/A

^{**}Please also include the other information needed to determine if City Ordinances and Building Codes are being observed.

If Applicable, City will Require:

As Built Foundation drawings showing distance from the face of the finished will to the property line; this is required if the proposed sturcture is within one (1) foot

FINISH FLOOR ELEVATION CERTIFICATES: are required on any habitable structure built on a lot of record that includes or abuts any portion of a flood plain

****BUILDING PLANS INCLUDING THE FOLLOWING: ****

No Address Lot Number Homeowner's name /contact information Designer's Name(s) Designer's Contact Information Dimension, detailed floor plans that include deck footings and foundations as well as retaining walls as well as: Footings Concrete Walls Slabs (w/typical sectionals & elevations showing Residential Building Code Compliance) Elevation Views of all sides of the structure Locations of electric meters & panels, water heaters, HVAC units, plumbing fixturesm, cabinets, major applicances, etc One or more building sections showing typical structural details of the foundation, guard rails, hand rails, and attachement to the house Engineered floor, roof, and other sturctural systems. These drawings MUST be signed and sealed by the Georgia Registered Design Professional in Charge. Georgia Energy Code Compliance Report List of Plan Pages in Set Square Footage areas each floor showing area of porches, decks, garages, basements, etc.

^{**} The Building Official may require a boundry line survey prepared by a qualified surveyor.

Residential Checklist for a Permit

Project Address:			
Parcel Number:			
	Yes	No	N/A
Land Disturbance Permit Appl.			
Building Permit Application			
Septic Tank Letter of Approved by Health Dept. (if needed)			
Building Plans (as outlined in Plan Review Checklist)			
Site Plan (as outlined in Plan Review Checklist)			
Erosion Control Plan			
Construction Entrance			
Contractor's State Card			
Contractor's Occupations Tax Certificate			
Electrical Contractor Affidavits			
Electrical Homeowner Affidavits			
Electric License			
Electric State Card			
Plumbers Contractor Affidavits			
Plumber Homeowner Affidavits			
Plumber Occupational Tax Certificate			
Plumber State Card			
HVAC Contractor Affidavits			
HVAC Homeowner Affidavits			
HVAC Occupation Tax Certificate			
HVAC State Card			

A CERTIFICATE OF OCCUPANCY WILL BE ISSUED TWO BUSINESS DAYS AFTER ALL PAPERWORK IS SUBMITTED, THIS INCLUDES AN APPROVED FINAL INSPECTION



BUILDING PERMIT APPLICATION 770-599-3679

Permit No.

Type of Work:	☐ Residential ☐ Co	ommercial Replace	App	Application Date		Estimated Value of Work (Labor and Materials): \$			
Construction	Type: IA □ IB □ IIA □			IIIB 🗆	IVA □	IV	B□ VA□ VB		
Occupancy:	A1			E □ R1 □	F1 □ R2 □	F2 R3	□ H1 □ H2 □ □ R4 □ S1 □		H4 □ U □
Square foot	of permitted area:								
Applicant Name: Phone: Email:									
PROJEC'	ΓINFORMATION	•							
Job Site A				Subdivision: Lot Number:					
Property C	Owner Information:								
1 ,	Name					Ph	one#		
Address				City			State	Zip Coo	de
Scope of Work:									
	vork includes: Electrica		lumb	ing [1 N	1ech	nanical		
	CTOR INFORMATION	•	1						
Business N	Business Name: State Certification Number:								
Street Add	ress City	State	e	Zip Code Phone					
Occupational Tax Number:					City/County held:				
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 of construction.									
Signature of Contractor & (State Certification number) Date									
Print name of Contractor email address									
FOR OFFICE USE ONLY Adjusted Construction Cost per ICC building valuation Data: \$									
Building Permit Fee Fee: \$ Plan Review Fee			ee: \$ _	\$			CO/CC Fee: \$		
			nit Fee	Fee: \$			Mechanical Permit Fee: \$		
Water Tap F	ee: \$	Sewer Tap Fee	: \$				Impact Fee: \$		
Water Capital Recovery Fee: \$ Sewer Capital Recovery Fee: \$ Zoning Approved By									
Total Fee:									



TRADE PERMIT APPLICATION 770-599-3679

Permit No.

Type of	□ Residen		nmercial	Application Date	Estimated Value of Work (Labor and Materials): \$		
Work:	□ New	□ Repair □ R	eplace	//			
Electrical			Mecl	nanical			
PROJEC	T INFORM	IATION					
Job Site A			Subdivision:				
					Lot Number:		
Property (Owner Inform	mation:					
Troperty	WHEN THISH	Name			Phone #		
<u> </u>							
Address				City	State	Zip Code	
Scope of V	Work:						
		FORMATION		State Contifee	-4: Nī1		
Business 1	Name:			State Certifica	ation Number:		
	•		~				
Street Add		City	State	•	Phone		
Occupatio	nal Tax Nur	nber:		City/County l	neld:		
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 of construction.							
Signature of Contractor & (State Certification number) Date						Date	
Print name of Contractor					email address		
FOR OFFICE							
Permit Fee:	\$						



CITY OF SENOIA BUILDING DEPARTMENT P. O. BOX 310 SENOIA, GA 30276 (770) 599-3679 (770) 599-0855 fax

SUBCONTRACTOR AFFIDAVIT

(This form is to be used when a subcontractor is not the one pulling the permit.)

This form must be completed, signed, notarized, and submitted to the Building Department prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision	Lo	Addre	ess
Builder		Emai	1
THIS IS TO CERTIFY USING FOR THIS JO		HE STATE LIC	ENSE CHECKED BELOW AND AM
PLUMBING	ELECTRICAL	MECH	HANICAL
COMPANY NAME			PHONE #
COMPANY ADDRESS	\$		
STATE LICENSE #		_BUS.TAX/OC	CUPATION CTF.#
	SPONSIBLE FOR	THIS JOB UNT	I THE ABOVE JOB, I UNDERSTAND IL THE BUILDING DEPARTMENT ES.
PRINT NAME		SIGNATU	RE
Sworn to and subscribed	d before me this	day of	, 20
			NOTARY PUBLIC, STATE OF GEORGIA MY COMMISSION EXPIRES:



CITY OF SENOIA BUILDING DEPARTMENT P. O. BOX 310 SENOIA, GA 30276 (770) 599-3679 (770) 599-0855 fax

MY COMMISSION EXPIRES:

HOMEOWNER AFFIDAVIT

(If homeowner wishes to waive the use of licensed trades, this form must be completed.)

This form must be completed, signed, no inspections associated with electrical, pl						
Subdivision	Lot	_ Address				
Builder	 	Email Address:				
THIS IS TO CERTIFY THAT I AM PROPERTY, THAT I AM AWARE OBUILDING CODES FOR THE BELOPROPERTY THAT I OWN:	OF AND WIL	L FOLLOW A	LL STATE AND LOCAL			
PLUMBINGELECTRICA	L	_MECHANICA	L			
IN THE EVENT OF ANY CHANGE THAT I WILL BE RESPONSIBLE F HAS BEEN NOTIFIED IN WRITING	OR THIS JO	B UNTIL THE				
PRINT NAME	SIC	NATURE				
Sworn to and subscribed before me this	day	of	, 20			
			NOTARY PUBLIC, STATE OF GEORGL			