

## BUILDING DEPARTMENT



80 Main St. – Senoia, GA 30276  
APPLY ONLINE : [www.senoia.com](http://www.senoia.com)  
Main: (770) 599-3679 Inspections: (770) 474-9393  
Inspection Request: [tyroneoffice@safebuilt.com](mailto:tyroneoffice@safebuilt.com)  
Website: [www.senoia.com](http://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.







<b>BUILDING PERMIT APPLICATION</b> <b>770-599-3679</b>	<b>Permit No.</b>  
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Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replace	Application Date ____/____/____	Estimated Value of Work (Labor and Materials): \$ _____
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"/>			
Square foot of permitted area: _____			
Applicant Name: _____		Phone: _____	Email: _____

**PROJECT INFORMATION**

Job Site Address: _____	Subdivision: _____ Lot Number: _____
Property Owner Information: _____ Name <span style="float: right;">Phone #</span>	
Address _____	City _____ State _____ Zip Code _____
Scope of Work: _____ _____	
Scope of work includes:    Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/>	

**CONTRACTOR INFORMATION**

Business Name: _____	State Certification Number: _____
Street Address _____	
City _____	State _____ 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

<b>FOR OFFICE USE ONLY</b>	Adjusted Construction Cost per ICC building valuation Data: \$ _____	
Building Permit Fee: \$ _____	Plan Review Fee: \$ _____	CO/CC Fee: \$ _____
Electrical Permit Fee: \$ _____	Plumbing Permit Fee: \$ _____	Mechanical Permit Fee: \$ _____
Water Tap Fee: \$ _____	Sewer Tap Fee: \$ _____	Impact Fee: \$ _____
Water Capital Recovery Fee: \$ _____	Sewer Capital Recovery Fee: \$ _____	Zoning Approved ____ By _____
Total Fee: _____		



<b>TRADE PERMIT APPLICATION</b> 770-599-3679	Permit No. _____
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Type of Work:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replace	Application Date ____ / ____ / ____	Estimated Value of Work (Labor and Materials): \$ _____
Electrical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Mechanical <input type="checkbox"/>	

**PROJECT INFORMATION**

Job Site Address: _____	Subdivision: _____ Lot Number: _____		
Property Owner Information: _____			
Name _____	Phone # _____		
Address _____	City _____	State _____	Zip Code _____
Scope of Work: _____			
_____			

**CONTRACTOR INFORMATION**

Business Name: _____	State Certification Number: _____			
_____				
Street Address _____	City _____	State _____	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

<b>FOR OFFICE USE ONLY</b>
Permit Fee: \$ _____



CITY OF SENOLIA  
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 \_\_\_\_\_ Lot \_\_\_\_\_ Address \_\_\_\_\_

Builder \_\_\_\_\_ Email \_\_\_\_\_

**THIS IS TO CERTIFY THAT I HOLD THE STATE LICENSE CHECKED BELOW AND AM USING FOR THIS JOB:**

PLUMBING \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ MECHANICAL \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ BUS.TAX/OCCUPATION CTF.# \_\_\_\_\_

**IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Sworn to and subscribed 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  
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### HOMEOWNER AFFIDAVIT

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

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 \_\_\_\_\_ Lot \_\_\_\_\_ Address \_\_\_\_\_

Builder \_\_\_\_\_ Email Address: \_\_\_\_\_

**THIS IS TO CERTIFY THAT I AM THE HOMEOWNER FOR THE ABOVE REFERENCED PROPERTY, THAT I AM AWARE OF AND WILL FOLLOW ALL STATE AND LOCAL BUILDING CODES FOR THE BELOW REFERENCED JOBS THAT I AM COMPLETING ON PROPERTY THAT I OWN:**

PLUMBING \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ MECHANICAL \_\_\_\_\_

**IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISSION EXPIRES: \_\_\_\_\_