

BUILDING DEPARTMENT



80 Main St. – Senoia, GA 30276
APPLY ONLINE : www.senoia.com
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.



| | |
|--|-------------------|
| BUILDING PERMIT APPLICATION 770-599-3679 | Permit No. |
|--|-------------------|

| | | | |
|---|---|--|---|
| 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 Phone # | |
| 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

| | | |
|--------------------------------------|--|---------------------------------|
| FOR OFFICE USE ONLY | 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: _____ | | |



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 _____ 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: _____

