



City of Chamblee, Georgia

5468 Peachtree Rd.
Chamblee, GA 30341
Permits & Inspections

Ph: 770-986-5024 Fax: 770-986-5014

Check Applicable Type:

Residential Non-Residential

Building Permit Application

Date submitted: _____

(Shaded area for office use only)

Building Permit #:	Date Permit Issued:
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Job Address:			City:	State:	Zip:
Unit/Suite #:	Floor #:	Apt/Lot #:	Building #:		
Project Name:			Tax PIN #:		
Utilities: <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Septic <input type="checkbox"/> Gas	Purpose: <input type="checkbox"/> New <input type="checkbox"/> Alter <input type="checkbox"/> Addition <input type="checkbox"/> Repair		Scope of work:		
Lot Size:	Finished Floor Area:	Basement:	Parking Deck/Garage:	Total Heated Sq Ft: _____ Total Unheated Sq Ft: _____	
Stories:	Bldg Height:	# of Units:	Bldg Materials:	Type of Roof:	
Tenant/Business Name (for Commercial Business):		Business Owner:		Phone #:	

Property/Building Owner (of Job Address):			General Contractor Co. (If homeowner, provide affidavit):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Tel #:	Mobile #:		Tel #:	Mobile #:	
Fax #:	E-Mail:		Fax #:	E-Mail:	

Contractor's Business License #:	State License #:	<input type="checkbox"/> Qualifying Agent <input type="checkbox"/> Licensed Individual
Qualifications Held: <input type="checkbox"/> Residential Basic Contractor <input type="checkbox"/> Residential Light Commercial <input type="checkbox"/> General Contractor		

Estimated Cost of Construction:	Sub-contracted work for this job <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Low Voltage <input type="checkbox"/> Other _____
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Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided is true and correct. I further certify that all construction will comply with the current City and State Building Codes. This permit is void if no construction activity commences within six months of issuance date.

I further agree that I shall be responsible from the date of this permit, or from the time of the beginning of the first work, whichever shall be earlier, for all injury or damage of any kind resulting from this work, whether from basic services or additional services, to person or property. I agree to exonerate, indemnify and save harmless the city from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with any work performed under the building permit issued as a result of this application.

****Note: Only the Property Owner, Architect or General Contractor should sign this application. EXCEPTION: If a tenant is applying to move into a commercial space, then the tenant should sign.**

Signature of Applicant or Permittee: _____ Date: _____

FOR OFFICE USE ONLY		Application Issued by:		LDP Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:	Zoning:	LU Code:	Occupancy:	Occ. Load:	
Value of Trade Work: \$ _____ Electric \$ _____ Plumbing \$ _____ HVAC \$ _____ Other Total \$ _____					
	Sq. Footage	Valuation Multiplier	Valuation \$	Total Valuation	
TOTAL					
Administration Fee: \$ _____ Date Paid: _____ Payment: _____	Plan Review Fee: \$ _____ Date Paid: _____ Payment: _____	Permit Fee: \$ _____ Date Paid: _____ Payment: _____	Trade Permit Fee: \$ _____ Date Paid: _____ Payment: _____	CO Fee: \$ _____ Date Paid: _____ Payment: _____	Total Fee: \$ _____ Date Paid: _____ Payment: _____