



City of Chamblee, Georgia
 5468 Peachtree Rd.
 Chamblee, GA 30341
 Permits & Inspections
 Ph: 770-986-5024 Fax: 770-986-5014

Check Applicable Type: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
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Accessory Structure Permit Application Date submitted: _____

(Shaded area for office use only)

Permit #:	Date Permit Issued:
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Job Address:			City:	State:	Zip:
Scope of work (provide 2 sets of site and construction plans):					
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 #:	
Qualifications Held: <input type="checkbox"/> Residential Basic Contractor <input type="checkbox"/> Residential Light Commercial <input type="checkbox"/> General Contractor <input type="checkbox"/> Specialty Trade			
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"/> New <input type="checkbox"/> Replacement
<input type="checkbox"/> Shed	Size: _____	Height: _____	Construction Materials: _____ Distance to property lines: _____
<input type="checkbox"/> Greenhouse	Size: _____	Height: _____	Construction Materials: _____ Distance to property lines: _____
<input type="checkbox"/> Pool/Spa	Length: _____	Width: _____	Construction Materials: _____ Distance to property lines: _____
<input type="checkbox"/> Fence	Length: _____	Height: _____	Construction Materials: _____ Distance to property lines: _____
<input type="checkbox"/> Garage/Carport	Size: _____	Height: _____	Construction Materials: _____ Distance to property lines: _____
<input type="checkbox"/> Other _____			

Notice: 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. 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. This permit is void if no construction activity commences within six months of issuance date.

****Note: Only the Property Owner, Architect or General Contractor should sign this application.**

Signature of Applicant or Permittee: _____ Date: _____

FOR OFFICE USE ONLY		Permit Issued by:		Date:	
Zoning:	LU Code:	LDP Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		PIN #:	
Administration Fee:	Plan Review Fee:	Permit Fee:	Trade Permit Fee:	CO Fee:	Total Fee:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date Paid: _____	Date Paid: _____	Date Paid: _____	Date Paid: _____	Date Paid: _____	Date Paid: _____
Payment: _____	Payment: _____	Payment: _____	Payment: _____	Payment: _____	Payment: _____