

# COMMERCIAL BUILDING PERMIT CHECKLIST

**BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_

**CONTACT NAME & NUMBER:** \_\_\_\_\_

- Water Check
- Permit Check
- Permit Application
- Preconstruction form
- Backflow Cleanout/Damage of Automatic Read Meters
- GA State Energy Code Form
- Erosion Control Form
- Contractor                       State License    Business License    Drivers License
- Electrical Affidavit             State License    Business License    Drivers License
- Mechanical Affidavit         State License    Business License    Drivers License
- Plumbing Affidavit             State License    Business License    Drivers License



Planning and Development  
 4385 Pecan Street  
 P.O. Box 39  
 Loganville, GA 30052  
 Tel: 770-466-2633  
 Fax: 770-554-5556

# Building Permit Application

Date \_\_\_\_\_

Permit # \_\_\_\_\_

This application shall be made in accordance with applicable requirements of Loganville Codes for a permit to erect, alter, repair, or use a structure as described herein and a required by the development permit.

Job Location:			City: Loganville		State: Georgia		Zip Code: 30052				
Project/Subdivision:			Unit:		Lot:		County:				
Commercial Property Owner:			Commercial Property Owner Address:				Zip Code				
Purpose of Permit: <input type="checkbox"/> New Single Family Dwelling <input type="checkbox"/> Alter <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Fire Damage <input type="checkbox"/> Demolition <input type="checkbox"/> Blasting <input type="checkbox"/> New Commercial Structure <input type="checkbox"/> Roof <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Other _____											
Lot Size (Sq.Ft.)		Finished Floor Area::		Basement:	Garage:		Unfinished Bonus Room:	Total Area:			
# Stories:	# Rooms:	# Baths:	# Kitchens:	Framing Materials:		Siding Materials:		Roofing Materials:			
Tenant/Residential Owner:				Contractor:							
Address:				Address:							
City:		State:		Zip Code:		City:		State:		Zip Code:	
Phone Number:			Fax Number:			Phone Number:			Fax Number:		
Map & Parcel:	Zoning:	Property Setbacks	Left:		Right:		Front:		Rear:		
Indicate below all work (including work to be done by other sub-contractors) in relation to this permit:											
<u><b>Electrical</b></u> <input type="checkbox"/> Gen. purpose outlets <input type="checkbox"/> Power connection <input type="checkbox"/> Lighting <input type="checkbox"/> Other _____			<u><b>Heating</b></u> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Steam/Hot Water			<u><b>Air Conditioning</b></u> <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Chilled water			<u><b>Plumbing</b></u> <input type="checkbox"/> Kit. Sink(s) # _____ <input type="checkbox"/> Bathtubs _____ <input type="checkbox"/> Lavatories _____ <input type="checkbox"/> Commodes _____ <input type="checkbox"/> Dist. From Fire Hydrant		

**\*\* APPLICANT'S ESTIMATED COST OF CONSTRUCTION: \$** \_\_\_\_\_

The applicant shall be responsible from the date of the permit or from the time of the beginning of the first work, whichever shall be the earlier, for all injury or damage of any kind resulting from this work, whether for basic services or additional services to persons or property. The applicant shall 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 the performance of this permit or by conditions created thereby or arising out of or in any way connected with work performed under the permit or for any and all class actions for damages under the laws of the United States or of Georgia arising out of or in any way connected with the acquisition of construction under the permit and shall assume any pay for, without cost to the City. The defense of any and all claims, litigations, and actions, suffered through any act or commission of the applicant or any subcontractor, or any one directly or indirectly employed under the supervision of any of them. I hereby certify that I have examined and understand all information on this application and that the above statements and information supplied by me are true and correct. All provisions of laws, codes and ordinances applicable to the work to be performed shall be complied with whether herein or not.

Applicant's Signature \_\_\_\_\_



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Street Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

Please describe the scope of work in detail:

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### Calculation of Fees

Plan Review \$ \_\_\_\_\_

Fire Fees \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Cash / Check (# \_\_\_\_\_)

Receipt # \_\_\_\_\_

Received by \_\_\_\_\_

#### Water & Sewer Fund Fees

Water Tap \$ \_\_\_\_\_

Sewer Tap \$ \_\_\_\_\_

Backflow \$ \_\_\_\_\_

Capital Recovery – Water \$ \_\_\_\_\_

Capital Recovery – Sewer \$ \_\_\_\_\_

Plan/Eng. Surcharge \$ \_\_\_\_\_

Irrigation Meter \$ \_\_\_\_\_

Irrigation Backflow \$ \_\_\_\_\_

Fire Line Meter \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Cash / Check (# \_\_\_\_\_)

Receipt # \_\_\_\_\_

Received by \_\_\_\_\_

#### General Fund Fees

Building Permit \$ \_\_\_\_\_

Electrical Permit \$ \_\_\_\_\_

Plumbing Permit \$ \_\_\_\_\_

Mechanical Permit \$ \_\_\_\_\_

Irrigation Permit \$ \_\_\_\_\_

WQC Admin. \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Cash / Check (# \_\_\_\_\_)

Receipt # \_\_\_\_\_

Received by \_\_\_\_\_

Approved by Building Official: \_\_\_\_\_



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## Builder's Pre-Construction Meeting

Permit # \_\_\_\_\_

Lot # \_\_\_\_\_

Subdivision \_\_\_\_\_

Street Address \_\_\_\_\_

Builder/Owner \_\_\_\_\_

**The following will be required to be in place before the first building inspection and remain in place until the C/O is issued.**

- Silt fence must be installed
- Entrance pad must be installed
- Must control erosion run-off from lot
- Repair silt fence immediately
- Add stone to entrance pad as required
- Mulch lot within 14 days of permit
- Remove silt/mud from street daily
- All BMP's must remain in place until C/O is issued
- Trash must be kept in bins/dumpsters
- Construction waste must be picked up daily
  - Silt fence must be cleaned out if above 1/3 full
  - Must have a pit for washing concrete trucks
- Install additional erosion control measures as requested by inspector
- All Dumpsters must be obtained through the City of Loganville. Please call 770.466.2633.

If no substantial construction progress has been made within **six (6) months** of the date of the issuance of the building permit, the permit becomes void. Building permits shall not be transferable.

**I have read and understand the above requirements and shall agree to abide by these requirements until a C/O is issued.**

_____	_____	_____
Builder/Owner	Date	Time

_____	_____	_____
Planning & Development Director	Date	Time



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**Backflow Clean-Out for  
 New Construction**

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All new construction requires a Backwater Valve to be installed on the building drain with a clean-out. There must also be a clean-out installed on the building sewer at the point of connection to the sewer lateral where the City's responsibility begins.

**Damage of Automatic Read Meters/Water Meters  
 (ARM)**

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Please note that once your ARM water meter has been installed it becomes your responsibility to prevent the meter from becoming damaged. If it the meter is damaged in any manner, you as a Developer/Builder will be required to pay a replacement fee for the following:

- ¾ to 1-inch meter replacement fee           \$300.00
- 2-inch meter replacement fee               \$600.00

Permit #	Lot #	Subdivision	Meter Address
	Developer/Builder		Date
	Planning & Development		Date

My signature hereon signifies acknowledgement of all of the above:

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

# Georgia Energy Code Compliance Certificate\*

Builder	
Insulation Co.	
HVAC Co.	

Contact Info	
Contact Info	
Contact Info	

**Envelope Information: (List R-Values for the following components)**

Flat ceiling/roof		Slope/vault ceiling	
Exterior wall		Attic knee wall sheathing	
Attic knee wall		Basement continuous	
Basement stud wall		Crawlspace continuous	
Crawlspace stud wall		Above grade mass wall	
Foundation slab		Floor over unconditioned space	
Cantilevered floor		Other Insulation	

**Fenestration:**

Window U-factor		Window SHGC	
Skylight U-factor		Skylight SHGC	
Glazed Door U-factor		Opaque Doors U-factor (<50% glazed)	

**Mechanical Summary**

Water Heater installed by:

Water Heater Type:	Energy Factor:
Gas	<input style="width: 250px;" type="text"/>
Electric	<input style="width: 250px;" type="text"/>
Other (explain)	<input style="width: 250px;" type="text"/>

Number of Heating and Cooling Systems (air handlers)

Heating Type:	Efficiency:
Gas	<input style="width: 250px;" type="text"/> AFUE
Air Source Heat Pump	<input style="width: 250px;" type="text"/> HSPF
Other	<input style="width: 250px;" type="text"/>

Cooling System Type: (Direct Expansion, Heat Pump, Geothermal, Etc.)

Cooling System SEER:

Total House Heating Load (Btu/h based on ACCA Man. J or other approved methodology)	
Total House Cooling Load (Btu/h based on ACCA Man. J or other approved methodology)	
Cooling Sensible Load (Btu/h)	
Cooling Latent Load (Btu/h)	
Total Air Handler CFM (Based on Design/Calculations)	

Heating and Cooling Calculations Performed by (Name)

\*Certificate shall be readily accessible and posted on the electrical distribution panel or air handler. List primary type when there is more than one value for each component (i.e. certificate shall list the value covering the largest area) The certificate shall be completed by the builder or registered design professional.



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DEVELOPMENT EROSION CONTROL AND SOLID WASTE MANAGEMENT AFFIDAVIT

This permit must be submitted at time of application; no exceptions. All silt fence must be installed and maintained in order to receive an inspection!!!!

Development Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_
Subdivision: \_\_\_\_\_
Phase/Unit: \_\_\_\_\_ # Lots: \_\_\_\_\_
Job Site Location: \_\_\_\_\_
Company Name: \_\_\_\_\_
Company Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Company Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

1. Inert Waste Disposal Information:

Note: On-site disposal of Inert Waste is authorized by Georgia Law. Only if Georgia EPD Permit by Rule Regulations are followed. Inert waste is limited to: earth, earth-like products, concrete, cured asphalt, rock, bricks, yard trimmings, stumps, limbs and leaves.

a. Off-Site Disposal (including residue from burning):

(1) State if inert waste is to be burned ( Approval from City of Loganville Fire Dept. Office is Required): \_\_\_\_\_ Yes \_\_\_\_\_ No; and,

(2) State how often Inert Waste and/or burned residue will be collected and hauled (note: hauler must have a Permit by Rule from Georgia EPD):

b. On-Site Disposal (including residue from burning):

(1) Please attach a copy of completed Georgia EPD Notification of Permit by Rule Operations (NOPBRO) Form; and,

(2) Please attach a copy of "sketch plan" indicating the proposed location and boundaries of the disposal site; and,

(3) Please state if inert waste is to be burned (approval from City of Loganville Fire Dept. Office is required) and applied as a soil amendment: \_\_\_\_\_ Yes \_\_\_\_\_ No

(4) If on-site disposal of Inert Waste is proposed, proof shall be provided that property/deed records have been recorded indicating the boundaries of the disposal site prior to approval of Final Plat,

On-site disposal of Construction and Demolition (C & D) Waste is prohibited:

City inspection staff may: refuse to make inspection, issue Stop Work Orders, issue Summons to Recorder's Court for violations of Stop Work Orders, and refuse to approve Final Plat for failure to comply with solid waste disposal laws;

My signature hereon signifies acknowledgement of all of the above:

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



**CITY OF LOGANVILLE  
APPLICATION FOR PREQUALIFICATION FOR  
INSPECTIONS**

Planning & Development  
4385 Pecan Street  
Loganville, GA 30052

Name of Corporation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Business License Number: \_\_\_\_\_

Corporate Telephone: \_\_\_\_\_

Corporate Fax: \_\_\_\_\_

Corporate Website address: \_\_\_\_\_

Corporate E-mail address: \_\_\_\_\_

Requested Area of Inspection Prequalification (please check all that apply):

\_\_\_\_\_ Footing

\_\_\_\_\_ Framing

\_\_\_\_\_ Foundation

\_\_\_\_\_ Concrete Slab

\_\_\_\_\_ Electrical

\_\_\_\_\_ Plumbing

\_\_\_\_\_ HVAC

\_\_\_\_\_ Energy

Other \_\_\_\_\_

Employees of corporation seeking prequalification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**INFORMATION AND QUALIFICATIONS OF PROPOSED INSPECTORS:** ALL APPLICANTS LISTED ABOVE MUST PROVIDE, IN ADDITION TO THIS COMPLETED APPLICATION, A PROFESSIONAL RESUME AND A COPY OF HIS OR HER PROFESSIONAL REGISTRATION.

Name: \_\_\_\_\_

Area(s) in which prequalification is requested: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience: \_\_\_\_\_

Number of Years as a Registered Engineer: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Projects Related to this Prequalification Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COPY AND FILL OUT THIS APPLICATION PAGE FOR EACH EMPLOYEE OF YOUR CORPORATION DESIRING PREQUALIFICATION.



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**SUBCONTRACTOR AFFIDAVIT**

**INSPECTIONS SHALL NOT BE MADE UNTIL AFFIDAVITS ARE RECEIVED (NO FAXES ACCEPTED)  
 NO AFFIDAVITS • NO INSPECTIONS • NO EXCEPTIONS!**

DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_  
 SUBDIVISION/BUSINESS NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
 ESTIMATED COST OF CONSTRUCTION \$ \_\_\_\_\_ LOT # \_\_\_\_\_ COUNTY \_\_\_\_\_ MAP & PARCEL # \_\_\_\_\_  
 PROPERTY OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_

**This is to certify that I am responsible for the following:**     RESIDENTIAL     COMMERCIAL  
 Electrical     Plumbing     Heat/Air     Water Heater     Duct Work  
 Outside Disconnect     Underground     Overhead     Number Amps \_\_\_\_\_  
 Grease Hood     Refrigeration System     Gas Piping     Sewer/Septic Connection

CHECK below the STATE LICENSE you hold applicable to this project:  
**(A copy of your state license, business license and driver’s license must be attached to this affidavit)**

- Electrical Contractor Class I ( Restricted to Single-Phase, not exceeding 200 Amps at service drop or lateral)
- Electrical Contractor Class II (Unrestricted)
- Low-Voltage Contractor Class LF-A (Restricted to Alarm & General System Low Voltage)
- Low-Voltage Contractor Class LV-G (Restricted to General System Low Voltage)
- Low-Voltage Contractor Class LV-T (Restricted to Telecommunications & General System Low Voltage)
- Low-Voltage contractor class LV-U (Unrestricted)
- Master Plumber Class I (Restricted to S/F, 1 level Duplex and Commercial up to 10,000 sq. ft.)
- Master Plumber Class II (Unrestricted)
- Utility Contractor (Utility Manager Name: \_\_\_\_\_ License #: \_\_\_\_\_)
- Septic (Septic Tank – GA-TC)
- Conditioned Air Contractor Class I (Restricted to 5 tons **BTU** Cooling / 175,000 BTU Heating per unit)
- Conditioned Air Contractor Class II (Unrestricted)

I certify that I will comply with all Codes and Ordinances adopted by the City of Loganville. In the event of any change in my status on this installation, I understand that I will be held responsible for all work indicated until the Planning & Development Department has been notified in writing.

I understand that it is my responsibility to insure that the sewer or septic line connection is installed in accordance with the Georgia State Plumbing Code and Ordinances or Specifications adopted by the City of Loganville. I further certify that the sanitary sewer connection has been completed utilizing an approved 4” x 6” type sealing device. I hereby agree to indemnify the City of Loganville and its inspectors from any liability for damages or loss of property if the sewer or septic line connection has not been installed in accordance with these codes, ordinances and specifications

OCCUPATIONAL TAX CERTIFICATE #: \_\_\_\_\_ CITY/COUNTY OF ISSUANCE: \_\_\_\_\_ STATE LICENSE#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ CELL # \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TOTAL: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

