

NEW RESIDENTIAL BUILDING PERMIT CHECKLIST

SUBDIVISION: _____ ADDRESS: _____ LOT #: _____

PERMIT # _____

- 1. Please put forms in order**
- 2. Make sure Map/Parcel # is on application**
- 3. All affidavits are required to be complete**

- Water Check
- Permit Check
- Permit Application
- House Plans
- Truss Plans
- HLP
- GA State Energy Code Compliance Certificate
- Elevation Certificate Of Finished Grade
- Preconstruction form
- Backflow Cleanout/Damage of Automatic Read Meters
- GA State Energy Code Form
- Erosion Control Form
- NOI/Tertiary Permittee Completed Form
- Approved SCS Plans
- Certified Mail Receipt From USPS
- 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:											
Electrical <input type="checkbox"/> Gen. purpose outlets <input type="checkbox"/> Power connection <input type="checkbox"/> Lighting <input type="checkbox"/> Other _____			Heating <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Steam/Hot Water			Air Conditioning <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Chilled water			Plumbing <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:

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**

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)**

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	<input style="width: 95%;" type="text"/>
Insulation Co.	<input style="width: 95%;" type="text"/>
HVAC Co.	<input style="width: 95%;" type="text"/>

Contact Info	<input style="width: 95%;" type="text"/>
Contact Info	<input style="width: 95%;" type="text"/>
Contact Info	<input style="width: 95%;" type="text"/>

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

Flat ceiling/roof	<input style="width: 95%;" type="text"/>	Slope/vault ceiling	<input style="width: 95%;" type="text"/>
Exterior wall	<input style="width: 95%;" type="text"/>	Attic knee wall sheathing	<input style="width: 95%;" type="text"/>
Attic knee wall	<input style="width: 95%;" type="text"/>	Basement continuous	<input style="width: 95%;" type="text"/>
Basement stud wall	<input style="width: 95%;" type="text"/>	Crawlspace continuous	<input style="width: 95%;" type="text"/>
Crawlspace stud wall	<input style="width: 95%;" type="text"/>	Above grade mass wall	<input style="width: 95%;" type="text"/>
Foundation slab	<input style="width: 95%;" type="text"/>	Floor over unconditioned space	<input style="width: 95%;" type="text"/>
Cantilevered floor	<input style="width: 95%;" type="text"/>	Other Insulation	<input style="width: 95%;" type="text"/>

Fenestration:

Window U-factor	<input style="width: 95%;" type="text"/>	Window SHGC	<input style="width: 95%;" type="text"/>
Skylight U-factor	<input style="width: 95%;" type="text"/>	Skylight SHGC	<input style="width: 95%;" type="text"/>
Glazed Door U-factor	<input style="width: 95%;" type="text"/>	Opaque Doors U-factor (<50% glazed)	<input style="width: 95%;" type="text"/>

Mechanical Summary

Water Heater installed by:

Water Heater Type:	Energy Factor:
Gas	<input style="width: 95%;" type="text"/>
Electric	<input style="width: 95%;" type="text"/>
Other (explain)	<input style="width: 95%;" type="text"/>

Number of Heating and Cooling Systems (air handlers)

Heating Type:	Efficiency:
Gas	<input style="width: 95%;" type="text"/> AFUE
Air Source Heat Pump	<input style="width: 95%;" type="text"/> HSPF
Other	<input style="width: 95%;" 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)	<input style="width: 95%;" type="text"/>
Total House Cooling Load (Btu/h based on ACCA Man. J or other approved methodology)	<input style="width: 95%;" type="text"/>
Cooling Sensible Load (Btu/h)	<input style="width: 95%;" type="text"/>
Cooling Latent Load (Btu/h)	<input style="width: 95%;" type="text"/>
Total Air Handler CFM (Based on Design/Calculations)	<input style="width: 95%;" type="text"/>

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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RES/COMM EROSION CONTROL AND SOLID WASTE MANAGEMENT AFFIDAVIT

This permit must be submitted at time of application; no exceptions.

All silt fences must be installed and maintained in order to receive an inspection!

Date: _____ Building Permit Number: _____
Project/Subdivision Name _____ Lot #: _____ Map/Parcel #: _____
Property Owner Name: _____ Address: _____ City: _____ State: _____
Job Site Address: _____ Phase: _____
Contractor Company Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
24 Hour Contact Name: _____ Number: _____

I. RESIDENTIAL EROSION CONTROL

My signature hereon signifies that I am the person responsible for compliance with the Soil Erosion & Sediment Control Ordinance. I acknowledge that City inspection staff may refuse to make inspections, issue Stop Work Orders, and issue citations to appear in Recorder's Court for violations of erosion control requirements; and that I must use the Best Management Practices to control soil erosion on my job site which includes at a minimum of the following:

- Installation and regular maintenance of silt barriers (i.e. silt fences, hay bales, etc.) in those areas where water exits the job site.
• Installation and regular maintenance of a stone (1.5" - 3.5") driveway entrance/exit pad (20' wide x 20' deep x 6" thick) to minimize the tracking of mud into the street;
• Removal of mud from the street or adjacent property immediately following any such occurrence;
• Maintenance and removal of mud from detention ponds and sediment basins;
• Conduct no land disturbing activities within 25 feet of the banks of streams, lakes, wetlands, etc. (i.e. "state waters");
• Provide temporary vegetation and/or mulch in exposed critical disturbed areas.

II. SOLID WASTE MANAGEMENT

1. Construction and Demolition (C & D) Waste Disposal Information:
Note: On-site burial/disposal of Construction and Demolition (C & D) Waste is prohibited by Georgia Law. Construction and Demolition (C & D) waste means any building materials from construction and demolition operations which include, but are not limited to: asbestos-containing waste, wood, bricks, metal, concrete, wall board, paper, cardboard, and insulation of any kind.

a. State how often C & D Waste will be collected and hauled (note: hauler must have a Permit by Rule from Georgia EPD):

b. Only approved containers are to be used to temporarily store waste before hauling (e.g. Dumpsters provided every other lot.)

My signature hereon signifies acknowledgement of all of the above:

Signature: _____

Date Signed: _____

Printed Name: _____

Title: _____



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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:



CITY OF LOGANVILLE
APPLICATION FOR PREQUALIFICATION FOR INSPECTIONS
(Individual or Sole Proprietorship)

Planning & Development
4385 Pecan Street
Loganville, GA 30052

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

Name: _____

Doing Business As: _____

Address: _____

County: _____

Business License Number: _____

Telephone: _____

Fax: _____

Website address: _____

E-mail address: _____

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

_____ Footing

_____ Framing

_____ Foundation

_____ Concrete Slab

_____ Electrical

_____ Plumbing

_____ HVAC

_____ Energy

_____ Other _____

Education: _____

Experience: _____

Number of Years as a Registered Engineer: _____

Registration Number: _____

Projects Related to this Prequalification Application: _____

Additional Training: _____

Remarks: _____
