

## BUILDING PERMIT APPLICATION

P.O. Box 300 700 Hwy 293 Emerson, GA 30137 Phone (770) 382-9819

This application is for construction, including new structures, dwelling repair or additions, detached garages, retaining walls, pools, decks, covered patios or porches.

Please help us process your application faster by providing all requested information listed below.

Architect's stamp required for any multi-story structure or building, assembly, educational and institutional. Architect's stamp required for single story buildings and structures with floor area greater than 5,000 square feet (O.C.G.A. 43-4-14).

Engineer's stamp required for structural, mechanical, electrical, and plumbing drawings when the total project cost is \$100,000 or greater. (O.C.G.A. 43-15-24).

- 1. A complete set of digital drawings consisting of the following in PDF format:
  - a. Foundation Plan
  - b. Mechanical, Electrical, Plumbing layout
  - c. Wall Section, Framing Details
  - d. Life Safety Plan, Emergency Lighting, Exit signage
  - e. Door and window Schedule
  - f. Include a statement of all applicable codes for project design
  - g. Truss drawings, including reactions, profiles and truss layout if your structure is using pre-manufactured trusses. If not, the construction plans must show the roof-framing layout.
  - h. Engineering Calculations if your proposed building(s) does not follow the conventional construction provisions of the IBC, or if geotechnical engineering and/or foundation engineering was requested as noted above.
- 2. Complete construction details and structural calculations stamped and signed by a professional engineer for all retaining walls.
- 3. Utility application if your proposed project will have City of Emerson water or sewer services. If not, please submit proof of potable water and a copy of the septic permit or existing system evaluation from the Bartow County Health Department.
- 4. If any proposed work is within the street right-of-way such as a new driveway, curb cut, city sidewalks or underground utility work a complete Construction Plan application must be submitted as well.

PLANS MUST BE SUBMITTED SEPARATELY TO THE BARTOW COUNTY FIRE MARSHAL FOR REVIEW AND APPROVAL BEFORE A PERMIT WILL BE ISSUED.

<b>Application Date</b>	
Project Name	
Tax Parcel ID:	
<b>Project Address</b>	
Classification:	Residential Single Family Residential - Multi Family
	Commercial Other (Describe)
Type of Work	New Repair Interior Improvements Other
Scope of Work:	
Describe the work to be performed	
Work Permit Covers:	BuildingPlumbingMechanical
	Electrical (Up to 400 Amps) Electrical (Over 400 Amps)
	PoolSignTowerRetaining Wall
	Change of OccupancyShell OnlyFence
	Mobile Home Temporary Construction Office
Water:	Water Meter Size: Irrigation Meter Size*:
	Fire Suppression System:
	*Rain sensors required on all irrigation systems
Sanitary Plumbing:	Sewer Septic (On-Site Sewage)
	Septic tanks must be approved by the City Council and Department of Public Health. Please include evidence of Department of Public Health Site Approval for On-Site Sewage Management System.

the latest v	ersion of t	are payable when the permit is ready to issue. The fees are based on the ICC Building Valuation Data (iccsafe.org). There may be ddition to the building permit fees.
IBC Type of	f Construction	on: IBC Group Code:
Census Code		Occupancy Load
Total Square Footage: _		Retaining Wall Length (ft)
Project Valu	ation (\$):	
Units:		Stories:
Bedrooms: _		Bathrooms:
		APPLICANT
Contact	t Name	MILIONI
Compan		
Address		
Phone		
Email		
		OWNER
Name		
Compan	y Name	
Addı	ress	
Phone		
Ema	ail	
	DES	IGN PROFESSIONAL / ARCHITECT / ENGINEER
Name		
Company		Address
Phone		Email

## \*\*\*<u>EACH</u> CONTRACTOR MUST PROVIDE THE FOLLOWING CREDENTIALS\*\*\*

## **Drivers License, State Contractor's License and Business License**

CONTRACTOR		
Contact Name		
Position		
Company Name		
Address		
Phone		
Email		
State License #		
License Class		
ELECTRICAL CONTRACTOR		
Contact Name		
Company Name		
Address		
Phone		
Email		
State License #		
	PLUMBING CONTRACTOR	
Contact Name		
Company Name		
Address		
Phone		
Email		
State License #		

MECHANICAL CONTRACTOR			
Contact Name			
Company Name			
Address			
Phone			
Email			
State License #			
within 12 months of t	ome null and void if authorized work or construction is not completed the permit issue date or if work is suspended or abandoned for a period of the after work is started.		
herein is true and corn or in attached plans an or an approval of any construction or the pe	have read and examined this application and the information provided rect. No changes shall be made from that which is stated in this application and specifications. Granting of a permit shall not be construed as a permit for violation of the Building Code of any other state or local law regulating rformance of construction. I further certify that all construction will red codes, ordinance and that there may be a fee associated with obtaining a		

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

Name (Print):