



**City of Atlanta**  
55 Trinity Avenue, Suite 3900  
Atlanta, Georgia 30303  
Phone: 404-330-6150

## PROJECTED COST OF CONSTRUCTION FORM

Application Number: \_\_\_\_\_

Project Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Projected Cost of Construction: \_\_\_\_\_

Methodology Used: \_\_\_\_\_

The form must be completed by the  Owner,  Contractor,  Architect, or  Engineer (check one).

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

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public seal and signature