



Department of
CITY PLANNING

Office of Buildings
55 Trinity Avenue, Suite 3900
Atlanta, Georgia 30303
Tel: 404.330.6150

MULTI-FAMILY BUILDING PERMIT APPLICATION: TOWNHOMES

Date:	
LD:	

*required fields

Project Information:	
Street Address*:	<input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW Zip:
Location Details:	(ex. Trinity & Central)
Project Name*:	
Project Type*:	<input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Alteration <input type="checkbox"/> New Construction <input type="checkbox"/> Conversion
Detailed description of work being completed*:	
Is your project phased? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please note: The City of Atlanta will accept applications for phased work based on applicant's anticipated payment and permit issuance schedule. Applications can be grouped by proposed buildings and should include a reference phasing plan. However, if you have more than one building proposed in the current phase, a subsequent application is required. Include information for what phase the project application relates to in the scope of work.</i>	

Building Information *

Building Name or #:									
Enter the below information for each unit within the above building. Note: Applications are only accepted per building. <i>*If more space is needed, please attach separate document detailing the building information.</i>									
Unit/Lot	Cost of Construction	Number of Stories	Total heated sqft	Total unheated sqft	Garage sqft	Decks, Patios sqft	Type of Construction	Occupancy classification	Sprinkle Type
EX: Unit 202 or Lot 1	\$145,000	2	1000	200	300	150	IA	R-4, Care/Assisted Living	NFPA13
TOTAL									
Previous use*									
Proposed use*									



Department of
CITY PLANNING

Office of Buildings
55 Trinity Avenue, Suite 3900
Atlanta, Georgia 30303
Tel: 404.330.6150

Project Related Information and Questions:			
*INCLUSIONARY ZONING			
All conversions and new multifamily residential rental projects with 10 or more units in the Beltline Overlay District OR Westside neighborhoods of English Avenue, Vine City, Ashview Heights, or AUC must complete and submit the Inclusionary Zoning Certification Form with their application			
Does Inclusionary Zoning apply to this project? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*TREE PRESERVATION			
Will healthy trees be destroyed for this scope of work? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a DDH (dead, dying, hazardous) permit been issued for this property? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this project impact trees on public property? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will boundary trees be impacted above 20%? *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
*SITE DEVELOPMENT			
Is this a stormwater management facility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this project have dedicated infrastructure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this project qualify for NPDES permit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total site acreage:		Cut/Fill (sqft):	
Disturbed acreage:		New/replaced impervious sqft:	
Length of sanitary pipe ≥ 8" (LF):		Length of storm pipe ≥ 12" (LF):	
No. of storm/sanitary structures:		No. of sanitary connections:	

Applicant Information: *			
<input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Agent <input type="checkbox"/> Property Owner <input type="checkbox"/> Property Owner's Agent			
Name:		Company:	
Address:		City:	St: Zip:
Email:		Phone:	
Property Owner Information: <input type="checkbox"/> Same as Applicant			
Name:		Company:	
Address:		City:	St: Zip:
Email:		Phone:	
Architect/Engineer Information: * <input type="checkbox"/> Same as Applicant			
Name:		Company:	
Address:		City:	St: Zip:
Email:		Phone:	
GA License No:			
Contractor/Builder Information: <input type="checkbox"/> Same as Applicant			
Name:		Company:	
Address:		City:	St: Zip:
Email:		Phone:	
Business License No:		Expiration Date:	
State Contractor License No:		Expiration Date:	

Applicant responsibility:

To ensure that your application will be processed ALL applicable information MUST be provided. The City of Atlanta Office of Buildings is not responsible for any incorrect information provided on this application. Termination of application due to inaccuracies in application information will result in forfeiture of any fees paid. By accepting the Terms of Use below you affirm to the following: I affirm to the best of my knowledge that the projected cost of construction entered on this application is based on contractor's or design professional's estimate. I understand this value will be compared to Building Plan Reviewer's estimate. Building Plan Reviewer's estimate is generated using the current Building Standard cost of construction as adopted in the City of Atlanta Code of Ordinances. I understand that the cost of permit will be generated based on the largest value of the proposed cost of construction.

Contractor Licensing - City of Atlanta - Office of Buildings:

I affirm that this permit shall be issued and work done Pursuant to O.C.G.A. § 43-41-14, any person or business organization seeking to perform any contracting activity or work which must be undertaken by a licensed residential contractor or general contractor is required to furnish to the Director of the Office of Buildings, a sworn written document containing his or her residential contractor or general contractor license number or in the case of a business organization, the identity of the qualifying agent obtaining the permit and whose technical and personal qualifications have been determined by investigation and examination as provided in Chapter 41 of Title 43 of the Georgia Code except as exempted therein. This requirement may include a scope of work requiring licensure under Chapter 14 of Title 43 of the Georgia Code but does not authorize any such work for which some other type of license is required by Chapter 14. In order to comply with O.C.G.A. § 43-41-14 I affirm that the Exception to Contractor Licensing Requirements is allowed because exemptions and exceptions are set forth in O.C.G.A. § 43-41-17 and may be allowed by other applicable state law shall be met or that the Contractor is duly registered with the State Licensing Board for Residential and General Contractors, based on my examination of plans and other relevant documents, and having made such other and further diligent inquiries concerning the project which is the subject of above referenced building permit application, including without limitation, a review of all applicable state and local laws, ordinances, building codes and zoning codes, as are necessary to confirm that the scope of the work for this project is work that is permitted, to lawfully undertake pursuant to the above referenced license.



APPLICANT RESPONSIBILITY FORM

PROJECT ADDRESS		PERMIT NUMBER	
-----------------	--	---------------	--

APPLICANT RESPONSIBILITY

To insure that your application will be processed ALL applicable information MUST be provided. The City of Atlanta Bureau of Buildings is not responsible for any incorrect information provided on this application.

Termination of application due to inaccuracies in application information will result in forfeiture of any fees paid.

By accepting the Terms of Use below you affirm to the following:

I affirm to the best of my knowledge that the projected cost of construction entered on this application is based on contractor's or design professional's estimate. I understand this value will be compared to Building Plan Reviewer's estimate. Building Plan Reviewer's estimate is generated using the current Building Standard cost of construction as adopted in the City of Atlanta Code of Ordinance. I understand that the cost of permit will be generated based on the largest value of the proposed cost of construction.

Applicant's Name	Applicant's Signature	Date

=====

Contractor Licensing - City of Atlanta - Office of Buildings

I affirm that this permit shall be issued and work done Pursuant to O.C.G.A. § 43-41-14, any person or business organization seeking to perform any contracting activity or work which must be undertaken by a licensed residential contractor or general contractor is required to furnish to the Director of the Bureau of Buildings, a sworn written document containing his or her residential contractor or general contractor license number or in the case of a business organization, the identity of the qualifying agent obtaining the permit and whose technical and personal qualifications have been determined by investigation and examination as provided in Chapter 41 of Title 43 of the Georgia Code except as exempted therein. This requirement may include a scope of work requiring licensure under Chapter 14 of Title 43 of the Georgia Code but does not authorize any such work for which some other type of license is required by Chapter 14. In order to comply with O.C.G.A. § 43-41-14 I affirm that the Exception to Contractor Licensing Requirements is allowed because exemptions and exceptions are set forth in O.C.G.A. § 43-41-17 and may be allowed by other applicable state law shall be met or that the Contractor is duly registered with the State Licensing Board for Residential and General Contractors, based on my examination of plans and other relevant documents, and having made such other and further diligent inquiries concerning the project which is the subject of above referenced building permit application, including without limitation, a review of all applicable state and local laws, ordinances, building codes and zoning codes, as are necessary to confirm that the scope of the work for this project is work that is permitted, to lawfully undertake pursuant to the above referenced license.

I have read and accept the above terms.

Applicant's Name	Applicant's Signature	Date



PROJECTED COST OF CONSTRUCTION FORM

APPLICATION NUMBER	
---------------------------	--

PROJECT ADDRESS				
Street address				
City		State	Georgia	Zip Code

Project Name (if applicable)			
Projected Cost of Construction			
Methodology Used	<input type="checkbox"/> Bid	<input type="checkbox"/> Estimate	<input type="checkbox"/> Other:

This form must be completed by the: <input type="checkbox"/> Owner, <input type="checkbox"/> Contractor, <input type="checkbox"/> Architect, or <input type="checkbox"/> 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