



City of Alpharetta

Commercial Building Applications and Forms

NOTICE

The information within this document is prepared by the City of Alpharetta Georgia Community Development Department, Inspections and Codes Enforcement Division, hereinafter referred to as "the City." The intent of this document is to reasonably inform our citizens, designers, developers, contractors, and the general public of the codes and laws related to commercial building construction in effect within the city and also to communicate the policies and procedures developed by the city over time to enforce these laws for safe and code compliant commercial construction.

This document is a building official interpreted "plain language" compilation of various sections of federal, state, county, and city building construction laws and the rules and regulations related to improving commercial property in the City. The information within is not all inclusive, nor is it designed to be, but rather presents a general overview of construction laws and processes relative to planning, permitting, constructing, inspecting, and completing a commercial construction project in the city.

For the purpose of this document, the following shall apply to the use of words and phrases: Words used in present tense include future tense. Words used in singular tense include plural tense. The word "he" also means "she." The words "shall" or "must" are always mandatory. The words "may" or "can" are permissive. The word "and" indicates all conditions, requirements, or factors so connected must be met or fulfilled, whereas the word "or" indicates that at least one condition, requirement, or factor so connected must be met. The word "structure" means anything that is built and includes the word "building." The word "person" means any individual, corporation, association, firm, partnership or other legal entity. The word "permit" means written governmental permission issued by an authorized official, empowering the holder thereof to do some act not forbidden by law, but not allowed without such authorization.

This document may be updated as codes, laws, rules, regulations, and policies change. This document has been prepared by the City of Alpharetta Building Official, and specific requirements and policies not mandated by law may be modified or waived by the Building Official. This and other construction related procedures may be accessed and downloaded at:

www.alpharetta.ga.us.

Contents

NOTICE	2
INTERIOR FINISH (ONLY) COMMERCIAL BUILDING PERMIT APPLICATION	4
NEW COMMERCIAL BUILDING PERMIT APPLICATION	5
BUILDING VALUATION LETTER.....	6
DEMOLITION PERMIT APPLICATION	7
FOUNDATION ONLY PERMIT APPLICATION.....	8
AUTHORIZED PERMIT AGENT FORM	9
REVISION SUBMITTAL	Error! Bookmark not defined.
SHELL BUILDING PERMIT APPLICATION	11
SITE WALL PERMIT APPLICATION	12
GREASE TRAP PERMIT APPLICATION	13
ELECTRICAL PERMIT APPLICATION FORM.....	14
LOW VOLTAGE PERMIT APPLICATION FORM	15
MECHANICAL PERMIT APPLICATION FORM.....	16
PLUMBING PERMIT APPLICATION FORM	17
TEMPORARY ELECTRICAL SERVICE REQUEST	18
TEMPORARY USE PERMIT APPLICATION.....	19



City of Alpharetta

INTERIOR FINISH (ONLY) COMMERCIAL BUILDING PERMIT APPLICATION

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

All Applicable Blanks Must Be Filled In – No P.O. Box Addresses – Please Print Legibly

Application Date: Applicant Is: Owner/Agent Contractor/Agent

PROPERTY INFORMATION

PROJECT Street Address:

PROPERTY OWNER: Phone

Street Address: Suite:

City: State: Zip:

CONTRACTOR: Phone:

Street Address: Suite:

City: State: Zip:

Business Registration No: Issued In: Expires:

Contractor License No: Qualifying Agent: Qualify Agent No.

WORK INFORMATION

PROJECT Name:

Briefly Describe Work:

Bldg Height: No. Stories: Fire Sprinkled: Yes No Max Live Load/FL psf.

Foundation is: Slab-on-grade Basement Crawlspace Other:

Associated Work?

Electrical Grease Trap Low Voltage Mechanical Plumbing

Primary Use Group Use:

Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B

First Generation Interior Finish Square Footage:

Second Generation Interior Finish Square Footage:

Second Generation Interior Finish Construction Cost:

Contact Name: EMAIL:

Phone:

Applicant Printed Name Applicant Signature:

City of Alpharetta



NEW COMMERCIAL BUILDING PERMIT APPLICATION

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

Application Date: _____ Applicant is: Owner/Agent Contractor/Agent

PROPERTY INFORMATION

Project Street Address: _____

WORK IS NEW BUILDING ADDITION

City LDP No: _____ Sewer Permit No: _____ City Impact Receipt: _____

PROPERTY OWNER: _____ Phone: _____

Street Address: Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ State: _____

Qualifying Agent: Qualify Agent No. _____

WORK INFORMATION

Briefly Describe Work: _____

Work Area Height: _____ ft. No. Stories: _____ Max Live Load/FL _____ Fire Sprinkled

Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B

Primary Use Group _____ Use: _____ Sq Foot: _____

Foundation is: Slab-on-grade Basement Crawlspace Engineered Floor Framing
 Engineered Roof/Ceiling Framing Conventional Framing

Associated Work? Electrical Low Voltage Mechanical Plumbing Grease Trap

Applicant Printed Name: _____ Application Signature: _____

Applicant Email: _____ Phone: _____

City of Alpharetta



BUILDING VALUATION LETTER

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

PROPERTY INFORMATION

Project Street Address: _____ Ste: _____

PROJECT IS: COMMERCIAL RESIDENTIAL

Subdivision? NO YES – Subdivision Name: _____

ESTIMATED VALUE (INCLUDES LABOR AND MATERIALS) _____

SQUARE FOOTAGE: _____

PROPERTY OWNER: _____ Phone _____

Street Address: Suite: _____

City: _____ State: _____ Zip: _____

Email: _____

Description of Work: _____

I, the undersigned, declare that, to the best of my knowledge and belief, the information herein is true and correct.

OWNER OR AGENT FOR THE PROPERTY OWNER SIGNATURE/DATE:

**** Please sign in presence of notary public****

Signature/Date: _____

Notary Public Information

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public: _____ Phone: _____

My commission expires: _____, 20_____

City of Alpharetta



DEMOLITION PERMIT APPLICATION

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

Application Date: _____ Applicant is: Owner/Agent Contractor/Agent

PROPERTY INFORMATION

Project Street Address: _____

PROPERTY OWNER: _____ Phone _____

Street Address: Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ State: _____

Qualifying Agent: Qualify Agent No. _____

WORK INFORMATION

Briefly Describe Work: _____

Associated Work? Electrical Low Voltage Mechanical _____ Plumbing

Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B

Primary Use Group: _____ Use: _____

Whole Building Demolition Fee = \$300.00

Partial Building or Structure Demolition Fee = \$200.00

Applicant Printed Name: _____ Application Signature: _____

Applicant Email: _____ Phone: _____

City of Alpharetta
FOUNDATION ONLY PERMIT APPLICATION



Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

All Applicable Blanks Must Be Filled In – No P.O. Box Addresses – Please Print Legibly

Application Date: _____ **Applicant Is:** Owner/Agent
Contractor/Agent

City LDP No: _____ Sewer Permit No: _____ City Impact Receipt: _____

PROPERTY INFORMATION

PROJECT Street Address: _____

Front Setback: _____ Left Side Setback: _____ Right Side Setback: _____ Rear Setback: _____

PROPERTY OWNER: _____ Phone _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ Qualify Agent No. _____

Qualifying Agent: _____

WORK INFORMATION

PROJECT Name: _____

Briefly Describe Work: _____

Bldg Height: _____ No. Stories: _____ Fire Sprinkled: Yes No Max Live Load/FL _____ psf.

Foundation is: Slab-on-grade Basement Crawlspace Other:

Associated Work? Electrical Grease Trap Low Voltage Mechanical
Plumbing

Primary Use Group _____ Use: _____ Sq Foot: _____

Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B

Applicant Printed Name _____ Applicant Signature: _____

Applicant Email: _____ Phone: _____

State Licensing Board for Residential and General Contractors

AUTHORIZED PERMIT AGENT FORM

License verification by permitting office will be completed by visiting sos.ga.gov/plb/

Licensed Contractor: Individual Qualifying Agent

Name of licensed person _____

**Please attach a copy of Individual license or Company License
(Reflects Company and qualifying agent license number)*

License number of individual or qualifying agent: _____

Name of licensed company (if applicable) _____

License number of company (if applicable): _____

I, _____, hereby designate
Name of Licensed Individual or Qualifying Agent

*Name of person picking up permit *this person is considered authorized permit agent please
attach driver's license.*



to apply for and obtain the permit(s) for the project located at:

Project Address: _____

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and Swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____ 20____.

Signature of Notary Public (Seal) _____

City of Alpharetta



RESUBMITTAL / REVISION FORM

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

DATE: _____

PERMIT NUMBER: _____

PROJECT NAME: _____

PROPERTY INFORMATION

Project Street Address: _____ **Ste:** _____

PROJECT IS: COMMERCIAL RESIDENTIAL

Subdivision? NO YES – Subdivision Name: _____

CONTACT : _____

Phone _____

Email: _____

Description of Change: _____

Revisions Reviewed by Plans Examiner: _____

Signature of Plan Examiners: _____

City of Alpharetta

SHELL BUILDING PERMIT APPLICATION



Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

All Applicable Blanks Must Be Filled In – No P.O. Box Addresses – Please Print Legibly

Application Date: _____ Applicant Is: Owner/Agent
Contractor/Agent _____
City LDP No: _____ Sewer Permit No: _____ City Impact Receipt: _____

PROPERTY INFORMATION

PROJECT Street Address: _____
Front Setback: _____ Left Side Setback: _____ Right Side Setback: _____ Rear Setback: _____

PROPERTY OWNER: _____ **Phone** _____
Street Address: _____ Suite: _____
City: _____ State: _____ Zip: _____

CONTRACTOR: _____ **Phone:** _____
Street Address: _____ Suite: _____
City: _____ State: _____ Zip: _____
Business Registration No: _____ Issued In: _____ Expires: _____
Contractor License No: _____ Qualify Agent No. _____
Qualifying Agent: _____

WORK INFORMATION

PROJECT Name: _____
Briefly Describe Work: _____
Bldg Height: _____ No. Stories: _____ Fire Sprinkled: Yes No Max Live Load/FL _____ psf.
Foundation is: Slab-on-grade Basement Crawlspace Other:
Associated Work? Electrical Grease Trap Low Voltage Mechanical Plumbing
Primary Use Group _____ Use: _____ Sq Foot: _____
Type of Construction: 1A 1B 2A 2B 3A 3B 4 5A 5B

Applicant Printed Name _____ **Applicant Signature:** _____
Applicant Email: _____ **Phone:** _____

City of Alpharetta



SITE WALL PERMIT APPLICATION

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

Application Date: _____ Applicant is: Owner/Agent Contractor/Agent

PROPERTY INFORMATION

Project Street Address: _____

PROPERTY OWNER: _____ Phone _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ State: _____

Qualifying Agent: _ Qualify Agent No. _____

WORK INFORMATION

Briefly Describe Work: _____

Front Setback: _____ Left Side Setback: _____ Right Side Setback: _____ Rear Setback: _____

Primary Use Group: Use: _____

Construction Valuation for Calculating Permit Fees: _____

Note: Block and Wood wall construction, where using dead-man, geo-grid, or similar stabilization methods, are subject to IBC Chapter 17-Special Inspections provisions. Submit Inspector Credentials for Building Official review at plan review submission.

Applicant Printed Name: _____ Application Signature: _____

Applicant Email: _____ Phone: _____

City of Alpharetta



GREASE TRAP PERMIT APPLICATION

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to construct and use a building or structure as described herein and shown on the City code compliance reviewed plans and specifications and to be located as shown on the accompanying City reviewed plat plan and , if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

Application Date: _____ Applicant is: Owner/Agent Contractor/Agent

PROPERTY INFORMATION

Project Street Address: _____

PROPERTY OWNER: _____ Phone _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

CONTRACTOR: _____ Phone: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration No: _____ Issued In: _____ Expires: _____

Contractor License No: _____ Class: _____

Card Holder: _____ Expires: _____

WORK INFORMATION

PROJECT NAME: _____

Project Type: Restaurant Sandwich Shop/Bakery/Grocery Convenience Store Other

Grease Trap Location: Above Grade Below Grade Number of Grease Traps: _____

Size of Grease Traps: (gal/#) _____

- If grease traps are for a future tenant in a shell building, provide LDP number: _____
- Fees are \$25.00 per grease trap installed!

Applicant Printed Name: _____ Application Signature: _____

Applicant Email: _____ Phone: _____

City of Alpharetta

ELECTRICAL PERMIT APPLICATION FORM

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to install and use an electrical service system for a building or structure as described herein and shown on the City approved plans and specifications and, if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

GENERAL INFORMATION

Project Name / Subdivision: _____ Building Permit No: _____

PROPERTY INFORMATION

Work Site Street Address: _____ Lot/Suite: _____

Property Owner: _____ Contact #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Company: _____ Contact #: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration #: _____ Issued: _____

GA Card #: _____ Class: _____ Expires: _____ Card Holder: _____

WORK INFORMATION & FEES - Minimum Permit Fee = \$50.00

<i>RESIDENTIAL</i>				<i>COMMERCIAL</i>			
ITEM	NO	FEES	TOTAL	ITEM	NO.	FEE	TOTAL
¹ Townhouse-Whole House Electrical		\$100.00		¹ Apartment/Condo Whole House Electrical		\$100.00	
Temporary Power Pole		\$50.00		Temporary Power Pole		\$50.00	
¹ Whole House Electrical 0-200A Service Panel		\$100.00		0-400A Service System		\$75.00	
0-200A Additional Panel		\$40.00 ea		401-1000A Service System		\$100.00	
Service Change Out 0-200A Service Panel		\$50.00 ea		1001A+Service System		\$125.00	
Wall Outlet		\$1.00 ea		Transformers		\$5.00 ea	
Switches		\$1.00 ea		Motors		\$5.00 ea	
Light Fixtures		\$1.00 ea		Equipment Disconnects		\$4.00 ea	
Ceiling Fans		\$5.00 ea		Wall Outlets		\$1.00 ea	
Exhaust Fans		\$5.00 ea		Switches		\$1.00 ea	
Appliances/Equipment		\$5.00 ea		Light Fixtures		\$1.00 ea	
Swimming Pool		\$50.00 ea		PIU & VAV		\$5.00 ea	
Sign Electrical		\$50.00 ea		Exhaust Fans		\$5.00 ea	
² Basement Finish		\$50.00 ea		Swimming Pools		\$50.00 ea	
OTHER				Sign Electrical		\$50.00 ea	
OTHER				OTHER			
TOTAL ELECTRICAL FEES				TOTAL ELECTRICAL FEES			

Note 1: Whole House Electrical single system fees shall apply to each dwelling until. No additional category fees need be listed.
 Note 2: Basement Finish Electrical single system fees shall apply to each dwelling unit. No additional category fees need be listed.

Application Date: _____ GA Card Holder Signature: _____

City of Alpharetta

LOW VOLTAGE PERMIT APPLICATION FORM

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to install and use an electrical service system for a building or structure as described herein and shown on the City approved plans and specifications and, if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

GENERAL INFORMATION

Project Name / Subdivision _____ Building Permit No: _____

PROPERTY INFORMATION

Work Site Street Address: _____ Lot/Suite: _____

Property Owner: _____ Contact #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Company: _____ Contact #: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration #: _____ Issued In: _____

GA Card #: _____ Class: _____ Expires: _____ Card Holder: _____

WORK INFORMATION & FEES - Minimum Permit Fee = \$50.00

<i>RESIDENTIAL</i>				<i>COMMERCIAL</i>			
ITEM	NO	FEES	TOTAL	ITEM	NO.	FEE	TOTAL
¹ Townhouse-Whole House Low Voltage		\$100.00 ea		¹ Apartment/Condo Whole House Low Voltage		\$100.00 ea	
¹ Single Family Whole House Low Voltage		\$100.00 ea		Telephone System First 1 thru 20 outlets		\$50.00 ea	
				Additional Phone Outlets over 20		\$1.00 ea.	
Phone System		\$50.00					
				Data System First 1 thru 20 outlets		\$50.00 ea	
Data System		\$50.00 ea		Additional Data Outlets over 20		\$1.00 ea.	
Security System		\$50.00 ea		Security System First 1 thru 20 outlets		\$50.00 ea	
				Additional Security Outlets over 20		\$1.00 ea.	
Fire Alarm System		\$50.00 ea					
				Fire Alarm System First 1 thru 20 outlets		\$50.00 ea	
CATV System		\$50.00 ea		Additional Alarm Outlets over 20		\$1.00 ea.	
² Basement Finish		\$50.00 ea		CATV System First 1 thru 20 outlets		\$50.00 ea	
				Additional CATV Outlets over 20		\$1.00 ea.	
OTHER				OTHER			
TOTAL LOW VOLTAGE FEES				TOTAL LOW VOLTAGE FEES			

Note 1: Whole House Low Voltage fees shall apply to each dwelling until. No additional category fees need be listed.

Note 2: Basement Finish fees shall apply to each dwelling unit. No additional category fees need be listed.

Application Date: _____ GA Card Holder Signature: _____

City of Alpharetta



MECHANICAL PERMIT APPLICATION FORM

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to install and use an electrical service system for a building or structure as described herein and shown on the City approved plans and specifications and, if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

GENERAL INFORMATION

Project Name / Subdivision: _____ Building Permit No: _____

PROPERTY INFORMATION

Work Site Street Address: _____ Lot/Suite: _____
 Property Owner: _____ Contact #: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Company: _____ Contact #: _____
 Street Address: _____ Suite: _____
 City: _____ State: _____ Zip: _____
 Business Registration #: _____ Issued In: _____
 GA Card #: _____ Class: _____ Expires: _____ Card Holder: _____

WORK INFORMATION & FEES - Minimum Permit Fee = \$50.00

<i>RESIDENTIAL</i>				<i>COMMERCIAL</i>			
ITEM	NO	FEES	TOTAL	ITEM	NO.	FEE	TOTAL
¹ Townhouse-Whole House HVAC		\$100.00 ea		¹ Apartment/Condo Whole House HVAC		\$100.00 ea	
¹ Single Family Whole House HVAC		\$100.00 ea		Heat System 1-150 M Btu		\$75.00 ea	
Additional HVAC System 0-5 Ton Single System		\$50.00		Additional Heat System		\$.50 / M btu.	
Space Heater 0-150M		\$25.00 ea		AC System 0-5 Ton		\$50.00 ea	
Exhaust / Dryer Vents		\$5.00 ea		Additional AC System		\$2.00 / Ton	
Misc Duct Work System		\$50.00 ea		Space Heater		\$.20 M btu	
Replace Furnace		\$50.00 ea		Inlet / Exhaust Air System		\$.02 / cfm	
Replace Compressor		\$50.00 ea		Misc Duct Work System		\$50.00 ea	
Fire / Smoke Dampers		\$4.00 ea		Hood System - Type 1 & 2		\$2.00 sqft	
Fuel Gas Outlet		\$5.00 ea		Chiller / Refrigerator Unit		\$50.00 ea	
² Basement Finish		\$50.00 ea		Fire / Smoke Dampers		\$4.00 ea	
				Fuel Gas Outlet		\$5.00 ea	
				Clothes Dryer Outlet		\$5.00 ea	
OTHER				OTHER			
TOTAL MECHANICAL FEES				TOTAL MECHANICAL FEES			

Note 1: Whole House HVAC fees shall apply to each dwelling until. No additional category fees need be listed.
 Note 2: Basement Finish fees shall apply to each dwelling unit. No additional category fees need be listed.

Application Date: _____ GA Card Holder Signature: _____

PLUMBING PERMIT APPLICATION FORM

Application is hereby made according to the laws and ordinances of the City of Alpharetta, Georgia for a permit to install and use an electrical service system for a building or structure as described herein and shown on the City approved plans and specifications and, if same, is granted by the City, I/we agree to conform to all laws and ordinances regulating same.

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

GENERAL INFORMATION

Project Name / Subdivision: _____ Building Permit No: _____

PROPERTY INFORMATION

Work Site Street Address: _____ Lot/Suite: _____

Property Owner: _____ Contact #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SUBCONTRACTOR INFORMATION

Company: _____ Contact #: _____

Street Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Registration #: _____ Issued In: _____

GA Card #: _____ Class: _____ Expires: _____ Card Holder: _____

WORK INFORMATION & FEES - Minimum Permit Fee = \$50.00

<i>RESIDENTIAL</i>				<i>COMMERCIAL</i>			
ITEM	NO	FEES	TOTAL	ITEM	NO.	FEE	TOTAL
¹ Townhouse-Whole House Plumbing		\$100.00		¹ Apartment/Condo Whole House Plumbing		\$100.00	
¹ Single Family Whole House Plumbing		\$100.00		Toilet		\$5.00 ea	
Additional ½ Bath		\$25.00		Tubs/Shower		\$5.00 ea	
Tub/ Shower		\$5.00 ea		Lavatory Sink		\$5.00 ea	
Kitchen Sink		\$5.00 ea		Kitchen / Breakroom Sink		\$5.00 ea	
Bar/ Other Sink		\$5.00 ea		Bar / Medical Sink		\$5.00 ea	
Laundry Sink		\$5.00 ea		Laundry / Mop Sink		\$5.00 ea	
Hose Bibb w/VB		\$5.00 ea		Hose Bibb x/VB		\$5.00 ea	
Floor / Hub Drain		\$5.00 ea		Floor / Hub Drain		\$5.00 ea	
Dishwasher		\$5.00 ea		Roof Drain		\$5.00 ea	
WATER HEATER		\$25.00 ea		WATER HEATER / Boiler		\$25.00 ea	
Ejector / Sump Pump		\$25.00 ea		Ejector / Sump Pump		\$5.00 ea	
Sewer Install / Repair		\$50.00 ea		Sewer Install / Repair		\$50.00 ea	
Water Install / Repair		\$50.00 ea		Water Install / Repair		\$50.00 ea	
Irrigation Meter		\$50.00 ea		Medical Gas Outlet		\$5.00 ea	
Fuel Gas Outlet		\$5.00 ea		Fuel Gas Outlet		\$5.00 ea	
Misc Fixture / Outlets		\$5.00 ea		Misc Fixture / Outlets		\$5.00 ea	
Gray Water System		\$50.00 ea		Gray Water System		\$50.00 ea	
Water Wells		\$50.00 ea		Water Wells		\$50.00 ea	
² Basement Finish		\$50.00 ea		Grease Traps MUST use Grease Trap Application			
OTHER				OTHER			
TOTAL PLUMBING FEES				TOTAL PLUMBING FEES			

Note 1: Whole House Plumbing fees shall apply to each dwelling until. No additional category fees need be listed.

Note 2: Basement Finish fees shall apply to each dwelling unit. No additional category fees need be listed.

Application Date: _____ GA Card Holder Signature: _____

City of Alpharetta



TEMPORARY ELECTRICAL SERVICE REQUEST

Request for temporary approval of electrical service conductors and service switch

Date: _____ Permit No: _____

Project: Suite: _____

Project Address: _____

Number of days temp service requested: _____

Utility Provider _____

This system is requested for machinery and equipment testing and check and includes fire alarm system testing and check ONLY.

- 1. The general contractor thereby assumes all responsibility for any use of electricity in the building during this temporary period. It is understood that an extension of this temporary approval must be applied for. If the work is not completed in a designated period of time the utility company will be directed to disconnect the service.*
- 2. It is understood that the inspector may refuse to extend temporary service for good and sufficient reasons.*
- 3. It is further understood that no occupancy is to be allowed during use of this temporary approval and that any occupancy will result in a disconnection of the electrical service.*

Contractor Statement:

I, or We, relieve the City of Alpharetta and its employees from any liability for damages or loss due to temporary electrical service approval.

Date: _____

Signed By: _____

Printed Name: _____

Company Name: _____

Address: _____

Electrical Contractor Statement:

The service equipment for which approval is being applied for above has been installed in accordance with applicable codes and is ready for inspection.

Date: _____ Company Name: _____

Electrical Contractor Signature: _____

Electrical Contractor Printed Name: _____

Card #: _____ Class: _____ Expiration: _____



City of Alpharetta

TEMPORARY USE PERMIT APPLICATION

Instructions: check box to left of requested use. Permit will be issued or denied within 30 days of receipt of all required information, signatures, and fees. DO NOT PROCEED with temporary use without first having a permit in hand. Copy of Temporary Use Permit must be on site and available to city enforcement and fire officials upon demand.

NAME OF EVENT: _____

Project Street Address: _____

PROPERTY OWNER: _____ Phone _____

Property Owner Signature Authorizing Use: _____ Date: _____

Applicant Printed Name: _____ Phone: _____

Applicant Signature: _____ Email: _____

Applicant Permanent Address: _____

City: _____ State: _____ Zip: _____

All applications require a site plan to be submitted at time of application. All applications are subject to further limitations, as may be determined. If electrical power is required for Temporary Use, electrical permits & inspections are required. Tents CANNOT block fire lanes or Handicap parking. Fire Marshal inspection required.

TYPES OF TEMPORARY USE Schedule

Fee

	Construction Trailer, Office or Equipment Shed – 1 year time limit, Director may renew annually. Floor plan, foundation & tie-down plan, and site location plan required. Inspection required before use.	\$100 per trailer/office
	Real Estate Sales/Hiring Office – 1 year time limit, Director may renew annually. Floor plan, foundation & tie-down plan, and site location plan required. Inspection required before use.	\$100 per trailer/office
	Tent Sale or temporary structure – 45 day limit twice per calendar year * - Fee is only required on tents 400 sq ft and above.	\$100*
	Open Christmas Tree Lot – 45 day time limit, off street parking plan required. AG, O-I C-1, C-2, L-I Zones Only	\$100
	Fruit/Vegetable Stand – 45 day time limit, off street parking plan required. AG, O-I C-1, C-2, L-I Zones Only	\$100
	Seasonal Sales – 90 day time limit. Business must be seasonal in nature and conducted within an existing permanent structure. Seasonal Sales Permits may not be renewed for a period of 180 days from the date of permit expiration.	\$100
	Fireworks Sales – 90 day time limit. Tent or temporary structure in the L-I zone only. (PLEASE NOTE: Tent sales not permitted until 1/1/2016)	\$100
	Carnival, Circus, or Fair – 4 day time limit. Time limits may be increased to 21 days with prior approval of City Council	\$100
	Religious Meetings in Temporary Structures – 60 day time limit. AG, O-I C-1, C-2, L-I Zones Only. * - Includes 100.00 Fire Marshal Inspection Fee	\$200
	Temporary Antenna – 60 day time limit – limited to special event or to meet a seasonal or temporary demand.	\$100
Commercial Filming Activity – 7 day time limit. Contact Office of Special Events at 678-297-6078		

Install Date: _____ Remove Date: _____