Town of Alto
162 S. Grant Street, Alto Ga. 30510
(706) 778-8035

APPLICATION FOR COMMERCIAL BUILDING PERMIT

SITE INFORMATION:

<table>
<thead>
<tr>
<th>Site Address</th>
<th>Project Name</th>
</tr>
</thead>
</table>

BUILDING CONTRACTOR INFORMATION:

<table>
<thead>
<tr>
<th>Name or Business Name</th>
<th>Phone</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>Phone</td>
<td>E-Mail</td>
</tr>
<tr>
<td>Contact Name</td>
<td></td>
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</tr>
</tbody>
</table>

Attach a copy of the contractor's state license, business license, and photo ID.

OWNER INFORMATION:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Address</th>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

CLASS OF WORK: 
- Complete New Construction
- Addition
- Renovations / Remodel
- Repairs

WORK AREA (Square Feet): 

VALUATION OF WORK: $

DESCRIBE SCOPE OF WORK:

PROPOSED USE:

UTILITIES: 
- GA Power Co.
- Jackson EMC
- Liberty Gas
- Atlanta Gas Light

OTHER WORK TO BE DONE:
- Electrical
- Mechanical
- Plumbing

*NOTICE: SEPARATE PERMITS ARE REQUIRED FOR MECHANICAL, ELECTRICAL, AND PLUMBING.

I HEREBY CERTIFY THAT I HAVE READ AND COMPLETED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND THIS DOCUMENT IS FOR INFORMATION PURPOSES AND NO WORK WILL BEGIN UNTIL A PERMIT HAS BEEN ISSUED.

SIGNATURE OF APPLICANT  (State License Holder)  (DATE)
Plan Review Summary Sheet

* Information Required by applicant

* Project Name: ______________________

* Project Address: ____________________

* Map/Parcel Number: __________________

Plan Review Number: ____________________

* Width ________________  * Length ________________

* Number of Stories: ____________________

* Total Square Footage: ____________________

* Type of Construction: ____________________

* Occupancy Type: ____________________

* Occupant Load: ____________________

* Septic ________________  * Sewer ________________

* Sprinkler System: Yes___ No____

* Estimated cost of construction: ____________________

Fire Marshal Fees Yes___ No____

Impact Fee: Land Use ________________
(see Impact Fee Schedule)

Special Inspections Required: Yes____ No____
(Required for buildings 5,000 square feet or more)