

Town of Alto

162 S. Grant Street, Alto Ga. 30510

(706) 778-8035

APPLICATION FOR COMMERCIAL BUILDING PERMIT

SITE INFORMATION:

Site Address:	Project Name:
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BUILDING CONTRACTOR INFORMATION:

Name or Business Name:	
Address:	
City/State/Zip:	Phone: E-Mail:
Contact Name:	Phone: E-Mail:

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

OWNER INFORMATION:

Name:	Phone:
Address:	City/State/Zip:
CLASS OF WORK: <input type="checkbox"/> Complete New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovations / Remodel <input type="checkbox"/> Repairs	
WORK AREA (Square Feet):	VALUATION OF WORK: \$
DESCRIBE SCOPE OF WORK:	
PROPOSED USE:	
UTILITIES: <input type="checkbox"/> GA Power Co. <input type="checkbox"/> Jackson EMC <input type="checkbox"/> Liberty Gas <input type="checkbox"/> Atlanta Gas Light	
OTHER WORK TO BE DONE: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> 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)