



City of Locust Grove, Georgia Community Development Department

COMMERCIAL PERMIT CHECKLIST

- _____ The Applicant/General Contractor shall file with the Community Development Department six (6) sets of building plans.
- _____ Completed and signed *Commercial Permit Application*.
- _____ Completed and signed *Commercial Building Permit Routing Sheet*.
- _____ Completed and signed (by Architect or General Contractor) *Henry County Fire Department Certification*.
- _____ Proof of payment for the Water and Sewer Taps.
- _____ Payment of Plan Review Fee (equal to 50% of the Building Permit Fee).
- _____ Copy of receipt detailing Development Impact Fees have been paid.
- _____ Copy of receipt detailing Water and Sewer Impact Fees have been paid.
- _____ Submit valid copies of the General Contractors' State License(s), Occupational Tax Certificate (Business License), and Drivers License.
- _____ If your submittal includes food service, tourist accommodation, public swimming pool/spa, an extra set of plans must be submitted and approved by the Henry County Environmental Health Department.

All applications must be completed in full to be accepted for processing. If you have questions, please contact the Community Development Department at 770.692.2321

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE REQUIREMENTS

Signed

Date



City of Locust Grove COMMUNITY DEVELOPMENT

COMMERCIAL PERMIT APPLICATION

New Commercial Shell Tenant Finish Remodeling Addition

GC OR APPLICANT INFORMATION

Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Cell: _____
DL # _____ Exp: _____
Occ. Tax # _____ Exp: _____
State Lic # _____ Exp: _____

BUSINESS OWNERS INFORMATION

Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____ Cell: _____

Project Managers 24 Hour Contact: _____
Phone: _____

SITE INFORMATION

PROJECT ADDRESS: _____ SUITE: _____
PROJECT NAME: _____ ZONING: _____
Estimated cost of Construction: _____ Total Sq. Ft. _____ Heated Sq. Ft. _____

Please what trade is part of this project: **Electrician** **Plumber** **Mechanical** **Low Voltage**

All trades are required to permit the project with a Stand Alone Application. State License, Occupation Tax, and Driver License must be attached with the application.

Occupancy type: _____ Construction type: _____ Building Use: _____

SETBACK *Front* _____ *Rear* _____ *(R) Side* _____ *(L) Side* _____

Length _____ Width _____ Number of Units _____

Stories _____ Rooms _____ Bathrooms _____ Addition Structures _____

**It is unlawful to occupy a structure without a Certificate of Occupancy which will be issued following final building inspection*

Applicant _____ Applicant's Signature _____

Administrative use only

Date: _____ Plan Review Fee: _____ Permit Fee: _____

Check # _____ Credit Card# _____ Cash _____

Receipt for development impact fee: _____ Receipt for water/sewer impact fee: _____

Received by _____ Date: _____
Update 8/6/10

Dept: _____

Due: _____

Purpose of Permit:

- Shell Only
- Complete Structure for C. C.
- Complete Structure for C.O
- Vanilla Box (Int. Fin./ No Tenant)
- Interior Finish for Leased Tenant
- Other

LOCUST GROVE COMMERCIAL BUILDING PERMIT ROUTING SHEET

Project Name: _____
 Project Address: _____
 City: _____ Zip Code: _____
 Type of Business: _____
 Permit Owner: _____ Ph#: _____
 Address: _____
 Contact Person: _____ Ph #: _____
 Alternate Person: _____ Ph #: _____
 Submitter's Signature: _____ Submitter's Title: _____

Office Use Only From This Point Forward:

Plans Received For Review: _____ Plans Sent to Fire Marshall: _____

Plans Returned From Fire Marshall: _____ Resubmittal Required: Yes No

Building Department Resubmittal Required: Yes No

Resubmittal Date: _____ Sealed Structural Plans Required: Yes No

Occupancy: A B E F H I M R S Misc.

Type of Construction: I II III IV V 1-Hr (A) Unp. (B)

Size of Structure: _____ Valuation Per Sq. Ft.: _____ Est. Valuation: _____

Permit Cost: _____ Plan Review Fee (50% of permit cost) _____

Type of Payment: check _____ cash _____ Amount Paid: _____ Rec'd by: _____

Fire Safety & Accessibility Fee: \$ _____ Fire Department Occupancy No.: # _____

Development Permit Req'd: Yes No Dev. Permit #: _____ Date: _____

Sewer Tap Fee Required: Yes No L.L.: _____ Dist: _____

Water Tap Fee Required: Yes No Parcel ID # _____

Septic Tank Permit Req'd? Yes No Zoning: _____

Pre-Construction Meeting Req'd? Yes No Zoning Approval & Date: _____

SET BACKS PER ZONING: FRONT _____ REAR _____ LEFT _____ RIGHT _____

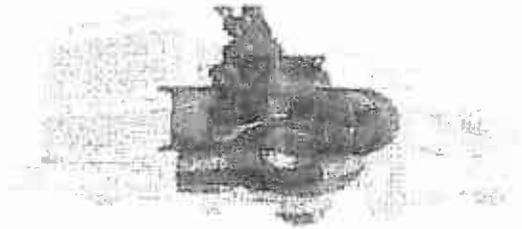
Comments: _____

Building Impact Fee Cost: _____ How Paid: _____

Building Dept. Staff Signature: _____

Date Signed: _____

HENRY COUNTY FIRE DEPARTMENT



**110 SOUTH ZACK HINTON PARKWAY
MCDONOUGH GA 30253
TELEPHONE: (770) 288-6600
FAX: (770) 288-6775**

BILL LACY-FIRE CHIEF

JOE KELLEY-DIV. CHIEF, PREVENTION

CERTIFICATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

This is to certify that I have prepared these plans in conformity with the Georgia Accessibility Code 120-3-20, 1997 for making the building and facilities accessible to and usable by persons with disabilities, for the scope of work herein permitted in accordance with O.C.G.A. Title 30, Chapter 3; and that the information and briefs in accordance with O.C.G.A. Title 30, Code Rules 30-3-3 and 30-3-5.

This _____ day of _____, _____

Print Architect or Contractor Name

Architect or Contractor Signature

Architect Seal