



Permit #: \_\_\_\_\_

## COMMERCIAL BUILDING PERMIT APPLICATION

Site Address:	Suite/Unit #:	Zip:
Development/Center:	Proposed Use/Tenant:	

<b>PROPERTY</b>		
Tax Parcel # _____ - _____ - _____ - _____	Zoning District:	Brookhaven Overlay District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner:	Phone:	
Contact Name:	E-mail:	
Address:	Suite #:	
City:	State:	Zip:

<b>GENERAL CONTRACTOR</b>		
Company Name:	Phone:	
Contact Name:	E-Mail:	
Address:	Suite #:	
City:	State:	Zip:
State License #: <input type="checkbox"/> Individual <input type="checkbox"/> Qualifying Agent	Expires:	Business License #:
Company State License #:	Expires:	<i>Unless Individual license, must provide both company and company's qualifying agent licenses</i>

<b>APPLICANT</b>		
Applicant is: <input type="checkbox"/> General Contractor <input type="checkbox"/> Authorized Permit Agent <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Property Owner		
Applicant's Name:	Phone:	
Company Name:	E-Mail:	
Address:	Suite #:	
City:	State:	Zip:

<b>WORK INFORMATION</b>			
Work Area: SF	Occupancy Type:	Occupant Load:	Fire-Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB			Building Height: FT No. Stories:
<input type="checkbox"/> New Structure <input type="checkbox"/> Building Shell Only <input type="checkbox"/> Foundation Only <input type="checkbox"/> Addition	<input type="checkbox"/> Interior Alteration/Finish – No Change of Use <input type="checkbox"/> Interior Alteration/Finish – Change of Use Prior Occupancy Type: _____ <input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Exterior Renovation <input type="checkbox"/> Roof / Re-Roof <input type="checkbox"/> Temporary Construction Trailer <input type="checkbox"/> Monument Sign	
Describe Work to be Performed:			Valuation:
Associated Work: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Low Voltage (separate permits required) <input type="checkbox"/> Hood Suppression <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Alarm/Detection System <input type="checkbox"/> Fire Line <input type="checkbox"/> Grease Trap			

<b>CERTIFICATION</b>
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I certify that I have read and examined this application and know the same to be true and correct. I understand that the permit issued is only for construction as stated, and that the occupancy of the structure is not permissible until all requirements are met and a Certificate of Occupancy has been issued by the City of Brookhaven. The permit is granted on the express condition that the said construction shall, in all respects, conform to the ordinances and laws of the City of Brookhaven, Georgia, including the zoning ordinance, regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances. Construction will begin no later than 180 days from issue date of the permit. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Brookhaven from all damages, demands, or expenses of every character which may in any manner be caused by construction and/or the structure.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_