



DATE RECEIVED STAMP

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

Application Date: \_\_\_\_\_

# COMMERCIAL BUILDING PERMIT APPLICATION

Site Address:	Suite/Unit #:
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Proposed Use /Tenant:	Type of Business:
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### PROPERTY

Occupational Tax Certificate (OTC):  Issued  Not Issued. Submit copy of OTC. **ZONING APPROVAL REQUIRED PRIOR TO PERMIT ISSUANCE.**

Parcel # _____ - _____ - _____ - _____	Zoning District:	Parcel Size:	SF/acres (circle one)
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Work Site Is:  Stand-Alone Property  Vacant Lot  In Development/Center: \_\_\_\_\_

Property Owner:	Phone:
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Contact Name:	E-mail:
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Address:	Suite #:
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City:	State:	Zip:
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### GENERAL CONTRACTOR

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

Company Name:	Phone:
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Contact Name:	E-Mail:
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Address:	Suite #:
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City:	State:	Zip:
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### WORK INFORMATION

Work Area: _____ SF	Occupancy Type:	Fire-Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Construction Cost: \$
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**Type of Project:**

<input type="checkbox"/> New Structure (Size = _____ SF)	<input type="checkbox"/> Exterior Renovation	<input type="checkbox"/> Demolition
<input type="checkbox"/> Building Shell Only	<input type="checkbox"/> Addition (Size = _____ SF)	<input type="checkbox"/> Fire Line
<input type="checkbox"/> Interior Renovation/Finish – Existing Use with <u>no</u> expansion	<input type="checkbox"/> Accessory Structure ( _____ SF)	<input type="checkbox"/> Hood Suppression
<input type="checkbox"/> Interior Renovation/Finish – Existing Use with expansion	<input type="checkbox"/> Roof	<input type="checkbox"/> Temporary Construction Trailer
<input type="checkbox"/> Interior Renovation/Finish – Change of Use	<input type="checkbox"/> Retaining Wall: _____ LF	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Fence: _____ FT (Height)	

**Describe Clearly the Work to be Performed (provide separate cover letter if necessary):**

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: _____
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Associated Work: (separate permits required)	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Low Voltage <input type="checkbox"/> Land Disturbance
	<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

The undersigned, upon oath, states that the above information is true and correct, understands 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/Completion has been issued by the City of Doraville. 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 Doraville, 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 must begin and the first inspection passed no more than six (6) months from the issue date of the permit or the permit is VOID.** 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 Doraville from all damages, demands, or expenses of every character which may in any manner be caused by construction and/or the structure. **I HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY. ZONING APPROVAL REQUIRED PRIOR TO PERMIT ISSUANCE.**

Applicant Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Project Summary

The following Table shall be provided on the site plan drawing. Refer to Chapter 23 of the Zoning Ordinance for requirements.

<b>Development Controls Table</b>		
(Provide information <u>as applicable</u> to project scope of work and zoning district)		
Property Address:	Parcel ID #	
Zoning District: _____	Required/Allowed	Provided
Number of Residential units per acre	_____ Units/acre	Units/acre
Total number of Residential units	n/a	
Net Lot Area (SF)	_____ SF min.	SF
Lot Width (FT)	_____ FT min.	FT
Street Frontage (LF)	_____ FT min.	FT
Impervious Coverage (%)	_____ % max.	Building Footprint      _____ SF Driveway/Parking Lot    + _____ SF Patio/Deck                    + _____ SF Accessory Structures    + _____ SF Walkways                      + _____ SF <b>Total Coverage</b> = _____ SF <b>Total Coverage</b> = _____ %
Building Size (SF)	_____ SF min.	
Building Height *	_____ FT max.	
Front Yard Setback (FT)	_____ FT min.	
Front Yard Setback: corner lot (FT)	_____ FT min.	
Side Yard Setback (FT)	_____ FT min.	
Rear Yard Setback (FT)	_____ FT min.	
Public Sidewalks. Provide dimensions for each street frontage.	Refer to zoning district. <i>(Default: min. 5ft wide concrete and 2ft landscape strip next to curb)</i>	
<b>Parking Spaces (Article XII of the Zoning Ordinance)</b>		
Automobile (# spaces)	_____ min.	
Handicap Parking (# spaces) <i>(not applicable to single-family)</i>	_____ min.	
Handicap Van Parking (# spaces) <i>(not applicable to single-family)</i>	_____ min.	
Electric vehicle/Alternative fuel charging stations (1 per 75 spaces) <i>(not applicable to single-family)</i>		
Bicycle Parking <i>(not applicable to single-family)</i>		
Truck Loading <i>(not applicable to single-family)</i>		

\* *Building Height* means the vertical distance measured from the average elevation of the proposed finished grade to the highest point of the coping on a flat roof or to the deck line of a mansard roof or to the height of the highest gable of a pitch of hip roof.



**NOTARIZED AUTHORIZATION OF PROPERTY LANDOWNER**

**TYPE OF APPLICATION:** \_\_\_\_\_.

I, \_\_\_\_\_ SWEAR THAT I AM THE **PROPERTY**  
Printed owner(s) name

**LANDOWNER** OF: \_\_\_\_\_  
AND PARCEL ID NO. \_\_\_\_\_

AS SHOWN IN THE RECORDS OF DEKALB COUNTY, GEORGIA WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO ACT AS THE APPLICANT IN THE PURSUIT OF THIS APPLICATION. I ALSO HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.

**NAME OF APPLICANT (PRINT CLEARLY):**  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Landowner

\_\_\_\_\_  
Print Name of Property Landowner

Personally Appeared  
Before Me

\_\_\_\_\_  
Who Swears That The  
Information Contained  
In this Authorization  
Is True and Correct  
To The Best of His or Her  
Knowledge and Belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date