



DATE RECEIVED STAMP

Permit #: _____

Application Date: _____

RESIDENTIAL BUILDING PERMIT APPLICATION

PROPERTY Site Address: _____		Unit #: _____	
Parcel # _____ - _____ - _____ - _____	Zoning District: _____	Parcel Size: _____	SF/acres (circle one)
Work Site Is: <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel of Owner-Occupied Residence <input type="checkbox"/> Remodel of Rental Property			
Type of Residential: <input type="checkbox"/> Detached Single-family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse/Rowhouse <input type="checkbox"/> Multi-family			Number of units: _____
Property Owner: _____		Phone: _____	
Contact Name: _____		E-mail: _____	
Address: _____		Suite #: _____	
City: _____	State: _____	Zip: _____	

GENERAL CONTRACTOR			
<input type="checkbox"/> Homeowner, who resides in this home, is acting as general contractor or performing the work. Notarized Homeowner Affidavit attached.			
Company Name: _____		Phone: _____	
Contact Name: _____		E-Mail: _____	
Address: _____		Suite #: _____	
City: _____	State: _____	Zip: _____	
Contractor's Business License #: _____	State License #: _____	<input type="checkbox"/> Qualifying Agent <input type="checkbox"/> Individual	

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

WORK INFORMATION			
Work Area: _____ SF	Occupancy Type: _____	<input type="checkbox"/> Sewer <input type="checkbox"/> Septic System	Est. Construction Cost: \$ _____
Type of Project: <input type="checkbox"/> New home <input type="checkbox"/> Addition <input type="checkbox"/> Interior Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Exterior Renovation/Roof/Siding <input type="checkbox"/> Driveway alterations (existing dimensions: ___ Length x ___ Width) <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Retaining Wall: _____ LF <input type="checkbox"/> Fence: _____ LF. Height _____ FT	Accessory Structure <input type="checkbox"/> Garage <input type="checkbox"/> Patio <input type="checkbox"/> Deck <input type="checkbox"/> Shed/Storage Building <input type="checkbox"/> Other _____	

Describe Clearly the Work to be Performed (provide separate cover letter if necessary). Site Plan (drawn-to-scale) required for new construction, additions, exterior site work and fences/walls. PHOTOGRAPHS REQUIRED: provide photographs of yard area for driveway expansions, fence and shed installations, and building additions to show any impacts on existing trees. Building additions provide photograph of entire building façade to be modified. Separate TREE PERMIT required for pruning or tree removal. FOR DRIVEWAY ALTERATIONS EXISTING DIMENSIONS REQUIRED.

Foundation Type: <input type="checkbox"/> Slab-on-Grade <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Continuous Footing	Building Height: _____ FT	No. Stories: _____
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		

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** _____



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

Project Summary

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

Development Controls Table		
(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 Total Coverage = _____ SF Total Coverage = _____ %
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>	
Parking Spaces (Article XII of the Zoning Ordinance)		
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.