



# Department of Planning & Zoning

@ Jefferson Station

1526 E. Forrest Avenue Suite 100 East Point, GA 30344

404.270.7212 (Phone)

404.765.2784 (Fax)

[www.eastpointcity.org](http://www.eastpointcity.org)

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bldg. Permit No. \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION FOR BUILDING PERMIT FEES ARE NON-REFUNDABLE

This application is **not** a permit until fees are received and processed.  
Any work prior to permit issuance is prohibited.

**Please download and complete the Code Compliance Bond for a General Contractor or Waiver Letter.**

ADDRESS OF JOB		LOT NO.	
CONTRACTOR'S COMPANY NAME		PROPERTY OWNER NAME	
ADDRESS	TEL	ADDRESS	TEL
CITY	STATE	ZIP	CITY
			STATE
			ZIP
BUSINESS LICENSE NO.		STATE CARD NO.	

**THIS IS TO CERTIFY THAT I WILL PERSONALLY SUPERVISE THIS INSTALLATION**

OWNER/CONTRACTOR SIGNATURE \_\_\_\_\_ PLEASE PRINT \_\_\_\_\_  
(Please circle type)

### INTAKE REQUIREMENTS

In addition to the required plan attachments below, you must submit a site plan and building permit application for the entire building. If the following documents and fees are not attached, the building permit application will not be accepted.

Concept Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Neighborhood Comment Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Preliminary Plat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copy of Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Final Plat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is this a Model Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tree Save Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copy of the Unrecorded Final Plat Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Landscape Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copy of Rodent Letter Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Infill Compatibility Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is A Site Plan Required For This Lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Digital Photo & Drawing attached (11 x 17 Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is Site Plan Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Does property lie in a special flood hazard area</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

### PROJECT DESCRIPTION

Description of Work \_\_\_\_\_

### PLEASE COMPLETE THE INFORMATION BELOW & CHECK ALL THAT APPLY

Residential	Commercial	Rehab	Demo
Single-Family Attached <input type="checkbox"/> Single-Family Detached <input type="checkbox"/> Multi-Family <input type="checkbox"/>  Square footage of Unit _____ Side Yard Setbacks _____ No. of Acres _____ No. of Units _____ No. of Stories _____ No. of Rooms _____ No. of Baths _____ No. of Bedrooms _____ Attic Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>  Valuation of Job \$ _____	Square footage _____ Tenant square footage _____ Tenant Name _____  No. of Floors _____ No. of Units _____ No. of Baths _____ No. of Parking Spaces _____  Valuation of Job \$ _____	Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Square Footage _____  Side Yard Setbacks _____ Existing No. of Floors _____ Proposed No. of Floors _____ Existing No. of Bedrooms _____ Proposed No. of Bedroom _____ Existing No. of Baths _____ Proposed No. of Baths _____  Valuation of Job \$ _____	Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/>  Plumbing <input type="checkbox"/> Fire Damage <input type="checkbox"/> Rodent Letter Attached <input type="checkbox"/>  Valuation of Job \$ _____

Click on this link to obtain a copy of this form from our website:  
[www.eastpointcity.org](http://www.eastpointcity.org), select **Planning & Zoning Department**.

#### Acceptable Forms of Payment:

Cash/Credit Card/ATM Card/Cashier's Check/Business Checks or Money Order  
PAYABLE TO: THE CITY OF EAST POINT & MAIL TO ABOVE ADDRESS  
**NO PERSONAL CHECKS**

**TOTAL ALL FEES**

Date Approved \_\_\_\_\_ BY: \_\_\_\_\_

Commercial  Residential  Demo  Rehab  1<sup>st</sup> Re-submittal \_\_\_\_\_ 2<sup>nd</sup> Re-submittal \_\_\_\_\_ 3<sup>rd</sup> Re-submittal \_\_\_\_\_