

# Qconee County Code Enforcement

7635 Macon Highway • Suite 400 • Watkinsville, Georgia 30677 • 706-769-3907

## Commercial Building Permit Plan Review Transmittal & Application

*Application must be completely filled out. Incomplete applications will not be processed.*

*Application must be typed or legibly printed. Application must be signed by Georgia State Licensed Contractor or an authorized agent for the licensed contractor.*

### Payment Information

Plan Review Fee	Receipt / Date
Building Permit Fee	Receipt / Date
	Permit Number

### Property Information

\* Submit one application for each *suite*, even if the suites are in the same building. \*

Project Physical Address (include building & suite number)

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Shopping Center or Subdivision Name

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Property Owner's Name

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Property Owner's Mailing Address

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Property Owner's Email

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Property Owner's Phone Number

**Power Company**  Walton EMC  GA Power  Other (specify) \_\_\_\_\_

**Sewage Disposal**  Sewer  Septic Tank \* Septic Tank requires approval from Environmental Health

**Water Supply**  Public  Well \* Sewer/Public Water requires receipt from Water Resources

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Parcel Number

Zoning

Water/Sewer receipts attached?

YES  NO  N/A

### Food Service or Food Prep Establishments must go through Water Resources for Grease Trap Approval

Including but not limited to Restaurant, Bakery, Coffee Shop, School Cafeteria, Gas Station, Deli, Hotel, etc.

→ There is a 750 gallon grease trap tank minimum required

→ Grease Trap inspection is required prior to Building Rough-in Inspection

Number of Seats

Type of Establishment

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Plan Review Applicant Name

Phone Number

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Plan Review Applicant Email

## Permit Information

(check one) if \* answer following three questions

## FOUNDATION ONLY \*

## NEW CONSTRUCTION \*

## ADDITION \*

SHELL ONLY \*

## COMPLETE INTERIOR

## ALTERATION / REMODEL

OTHER (specify)

\* Has your project completed the Planning Department DRC process?

NO Date approved

YES

\* Does your project have approved site construction plans from the Planning Department?

NO Date approved

YES

\* Does your project have approved Soil Erosion plans?

NO Date approved

YES

Provide a complete description of the work to be done, include the same description on the cover page of the construction plans.

## Project Information

**Business Name / Name of Project**

Business Owner's Name

**Business Owner's Mailing Address**

## Business Owner's Email

### Business Owner's Phone Number

# stories	living sq ft	Estimated Start Date ____ / ____ / ____
# bedrooms	basement sq ft	
# full baths	service sq ft	
# partial baths	office / sales sq ft	Estimated Finish Date ____ / ____ / ____
# existing residential units	manufacturing sq ft	
# new residential units	garage sq ft	
# garages / carports	parking sq ft	Total Amount of Project \$
# elevators / escalators	TOTAL SQ FT	

## Project Information Continued

### **Building Occupancy Classification** (check all applicable)

#### **ASSEMBLY**

Church  Restaurant  Theatre  Other \_\_\_\_\_

#### **BUSINESS**

#### **EDUCATIONAL**

Grades 1-12  Day Care Facility

#### **FACTORY**

High Hazard  Moderate Hazard  Low Hazard

#### **INSTITUTIONAL**

Group Home  Hospital  Jail

#### **MERCANTILE**

#### **STORAGE**

High Hazard  Moderate Hazard  Low Hazard

#### **OTHER (specify if not listed below)**

Apartment Building  Carport  Hotel, Motel, Inn  Lodging / Rooming Home

Motor Fuel Service  Parking Garage  Public Utility  Repair Garage

Other \_\_\_\_\_

### **Construction Type**

- IA – non-combustible protected
- IB – non-combustible unprotected
- IIA – non-combustible protected
- IIB – non-combustible unprotected
- IIIA – limited combustible protected
- IIIB – limited combustible unprotected
- IVA – heavy timber protected
- IVB – heavy timber unprotected
- VA – combustible protected
- VB – combustible unprotected

### **Any structural assemblies fabricated off-site?**

NO  YES (specify) \_\_\_\_\_

### **Sprinkler System Present**

YES  NO

### **Foundation Type**

Slab  Crawl  Other (specify) \_\_\_\_\_

### **Project Measurements**

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

### **Will your project include the following? (check all applicable)**

Electrical  Gas  HVAC  Plumbing

*\* each sub-contractor will need to obtain their own permit*

### **Structural Framing** (check all applicable)

- steel
- masonry
- concrete
- wood
- other (specify) \_\_\_\_\_

### **Exterior Walls** (check all applicable)

- steel
- masonry
- concrete
- wood
- other (specify) \_\_\_\_\_

## **Signature Information**

**\* ATTACH COPIES OF CONTRACTOR'S GEORGIA STATE LICENSE,  
GEORGIA BUSINESS LICENSE, AND DRIVER'S LICENSE \***

Name on Georgia Issued Contractor's License \_\_\_\_\_

Is this person the applicant?  YES  NO If NO, attach "Authorized Permit Agent Form"

I hereby certify that the proposed work is authorized by the owner on record of the named property and that I have been authorized by the owner to make this application as their authorized agent and I agree to conform to all applicable laws of Oconee County and the State of Georgia. In addition, if a permit for the work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I acknowledge this application is for work to be done to one (1) building or one (1) suite. If the work I am applying for covers more than one building/suite, I will submit a separate application for each building/suite.

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Print Applicant Name

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On Site Contact Person

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Signature of Applicant

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On Site Contact Person Phone Number

Contact E-mail

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APPROVED BY

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DATE

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COMMENTS

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