



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)

Shopping Center or Subdivision Name

Property Owner's Name

Property Owner's Mailing Address

Property Owner's Email

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

| | | |
|---------------|--------|---|
| Parcel Number | Zoning | Water/Sewer receipts attached? |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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

Plan Review Applicant Name

Phone Number

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

Structural Framing (check all applicable)

- ☐ steel
- ☐ masonry
- ☐ concrete
- ☐ wood
- ☐ other (specify) _____

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*

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.

Print Applicant Name

On Site Contact Person

Signature of Applicant

On Site Contact Person Phone Number

Contact E-mail _____

| | |
|----------------|------|
| | |
| APPROVED BY | DATE |
| COMMENTS _____ | |
| | |
| | |