PICKENS COUNTY PLANNING & DEVELOPMENT
1266 East Church Street, Suite 136, Jasper, GA 30143
Phone 706-253-8850 • Email: plandev@pickenscountyga.gov • Fax 706-253-8854

COMMERCIAL BUILDING APPLICATION

A permit is required on all new construction, repairs, alterations, and miscellaneous projects. Permits may not be issued the same day the application is submitted. An Access/Encroachment permit is required for driveways that access a county-maintained road. Permits expire 12 months from date of issue. Permit fees will be doubled if construction activity is undertaken prior to obtaining permits. Permits are Non-Transferable and Non-Refundable. Failure to schedule all required inspections will result in fines and/or stop work orders on the permit. Commercial permits will not be issued until all submitted plans have been approved by the department.

Date _____ **Plan Review #** _____

Property Owner: _____

Mailing Address: _____
City State Zip

Phone Number: _____ Email: _____

A COPY OF THE CONTRACTOR'S STATE, BUSINESS AND DRIVERS LICENSE IS REQUIRED WITH THIS FORM

Builder/Contractor: _____

Mailing Address: _____
City State Zip

Phone Number: _____ Email: _____

Type of License State License: _____

GA Contractor State License #: _____ Expiration Date: _____

Contractor's Business License #: _____ Issuing County: _____

- **911 Address** _____
- **Type of Structure**: _____

UTILITY COMPANY:

A.E.M.C. ❒
GA Power ❒

WATER:

Jasper City ❒ Pickens County ❒
Well ❒ Other_____

Total Acres_____

Size or Square Footage - Heated_____ Unheated _____**Total** _____

Current Zoning Use: (Circle) AG SA ER RR SR UR SPC SRPC NC HB I

Does this structure comply with current zoning use, if not, has a land use change application been submitted? Yes No

Is the property subject to any restrictive covenants or conditions? Yes or No

If yes, are your proposed improvements in violation of such restrictions or covenants? Yes No

If yes, what actions have you taken to receive a variance from the restrictions/covenants? _____

_____**Will ensure that certified personnel in NPDES will be onsite during all land disturbing activities**
Name of Owner or Contractor

Directions to Property: _____

_____

_____

Estimated Completion Date: _____ **Estimated Project Value:** _____

Signed _____ **Date:** _____

ANY ALTERATIONS, DEVIATIONS, RELOCATIONS, OR CHANGES TO THIS APPLICATION WILL VOID THIS PERMIT

Commercial Building Information Sheet

Permit #: _____ **Gate Code: _____**

Name: _____ **Parcel ID: _____**

Please fill in Square Footage (Heated and Unheated Space)

Heated

Office Space _____ Addition/Remodel _____ Storage Bldg./Warehouse _____

Unheated

Loading Dock _____ Addition/Remodel _____ Storage Bldg./Warehouse _____ Porches/Decks _____

Total Heated _____ **Total Unheated _____** **Total Square Footage _____**

# of Stories _____ **# of Baths_____** **Wall Height _____** **Elevator Cost _____**

Exterior Walls:
Masonry Wood Brick Stucco/Frame
Log Metal Vinyl Siding
Concrete Other_____

Interior Walls:
Sheet Rock Panel Plaster Pine Aluminum Siding
Concrete Block Frame Tile Plywood Unfinished
Masonry Other _____

Interior Ceilings:
Sheet Rock Acoustic Tile Exposed Beams
Metal Panel Celotex
Plaster Other _____

Roof Cover
Aluminum Shingles Composition Metal
Tar & Gravel Wood Tile Slate Fiberglass Panels
Cooper Other _____

Fireplaces:
Prefabricated Constructed None
Double w/ 1 Chimney Qty: _____

Floor Finish:
Carpet Tile Hardwood Pine Vinyl Concrete
Other _____

Heat:
Central Heat & Air Floor/Wall Furnace
Hot Water/Steam Base Board Space
Suspended None Other _____

Plumbing
Fixtures: Single 2 3 3-Fixture w/kitchen plumbing
1.5 bath w/kitchen plumbing 2 bath w/kitchen plumbing
Standard Other _____

Wall Frame
Bearing Wall Plaster Steel Wood
Reinforced Concrete Other _____

Roof Frame
Steel Wood Concrete Reinforced Concrete
Open Steel Open Wood Other _____

Foundation
Concrete Masonry Slab Piers
Other _____

Commercial Construction Type
CB, WD, or Light Steel Load Bearing Walls
Curt, WLS, Conc. Beams Fireproofed Steel Beams

Floor Construction
Reinforced Concrete Open Wood Joists
Steel Joist Elevated Slab Wood Joist

Story Height/Attic
None Finished Unfinished # of Stories _____
Garage Apt. Y/N Split Level Y/N Foyer Y/N

Lighting
Standard Recessed Incandescent
Mercury Vapor Sodium Halide Residential

Wiring
Non-Metallic BX Cable Flexible Conduit
Rigid Conduit

For Office Use Only

Is a copy of the septic tank permit attached to this application? Yes_____ No_____

If no, give reason: _____

Parcel Number _____ **District and Land Lot** _____

Special Flood Information

As per Panel # _____ of the **Flood Hazard Boundary Map** dated September 29, 2010, this property

IS / IS NOT in a Flood Hazard Area.

Comments _____

BUILDING PERMIT FEES

ACCESS/ENCROACHMENT _____

PLAN REVIEW _____

HEATED SQUARE FOOTAGE _____

UNHEATED SQUARE FOOTAGE _____

TOTAL SQUARE FOOTAGE FEES _____

CERTIFICATE OF OCCUPANCY FEE _____

TOTAL COMMERCIAL PERMIT FEE _____

DATE PAID _____ **CASH/CHECK/CC#** _____ **RECEIPT #** _____

APPROVED BY _____

DATE _____

COMMENTS _____

BUILDING PERMIT NUMBER _____

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SUBCONTRACTOR AFFIDAVIT

☐ **Ready for Temp to Perm Service Hookup** ☐ **Will Call for Temp to Perm Service Hookup**

Building Permit #_____ **Subdivision/Lot #** _____

Property Owner's Name: _____

Job Site Address: _____
City State Zip

Temporary Construction Power is hereby authorized on the electrical service conductors and service switch located at **above mentioned address** for a period of **ninety (90) days**. This request is made in order to complete construction of the final inspection at the above referenced location. An extension beyond the allotted time may be granted for good and sufficient reasons, provided the applicant gives notice before the expiration date, and subject to the Planning & Development's approval. By applying for this temporary construction power permit, the applicant hereby assumes all responsibility and liability for use of electricity within the building during this period.

NOTE: **AN APPROVED FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY IS NECESSARY BEFORE RESIDENCY IS ALLOWED. RESIDENTIAL OCCUPANCY IS NOT ALLOWED IN CONJUNCTION WITH TEMPORARY CONSTRUCTION POWER. FAILURE TO COMPLY WITH THE GUIDELINES SET WITHIN THIS PERMIT APPLICATION MAY RESULT IN IMMEDIATE DISCONNECTION OF ELECTRICAL SERVICE. VIOLATION OF COUNTY ORDINANCES MAY RESULT IN MAXIMUM FINE OF $1,000.00 AND SIXTY (60) DAYS IN JAIL, OR BOTH.**

Pickens County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number (**Required)**

Please indicate below the type of State License you hold and are using for this job

_____ Electrical Contractor Class I (Restricted to single-phase, not to exceed 200 amps)

_____ Electrical Contractor Class II (Unrestricted)

A COPY OF YOUR STATE & BUSINESS LICENSE IS REQUIRED WITH THIS FORM
AFFIDAVITS MUST BE SUBMITTED PRIOR TO SERVICE CONNECTION OR ROUGH INSPECTION REQUESTS.

Electrical Contractor's Statement:
The service equipment for the above referenced job location has been installed in accordance with all applicable state codes and county ordinances. In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Planning and Development has been notified in writing of any changes.
This is to certify that I am responsible for the electrical service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date _____

State License Number: _____ Expiration Date _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____

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Property Owner's Name: _____

Job Site Address: _____

City State Zip

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number (**Required)**

This is to certify that I am responsible for the _____ Plumbing _____ Mechanical

Please indicate below the type of State License you hold and are using for this job

_____ Master Plumber Class I (Restricted to S/F. I level duplex and commercial up to 10,000 sq. ft.)

_____ Master Plumber Class E (Unrestricted)

_____ Conditioned Air Contractor Class I (Restricted to 60,000 BTU cooling and 175,000 BTU heating)

_____ Conditioned Air Contractor Class H (Unrestricted)

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Plumbing/HVAC Contractor's Statement:
The service equipment for the above referenced job location has been installed in accordance with all applicable state codes and county ordinances. In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Planning and Development has been notified in writing of any changes.

This is to certify that I am responsible for the plumbing and/or HVAC service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date: _____

State License Number: _____ Expiration Date: _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____

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Job Site Address: _____
City State Zip

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number (**Required)**

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This is to certify that I am responsible for the plumbing and/or HVAC service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date: _____

State License Number: _____ Expiration Date: _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____

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Building Permit #_____ **Subdivision/Lot #** _____

Property Owner's Name: _____

Job Site Address: _____
City State Zip

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number (**Required)**

_____
Builder/Contractor's Name **(Please print)**

_____ _____
Signature **(Required)** Date

Type	Batts	Foil	Loose	Foam	R-Value	Thick
Ceiling						
Wall						
Floor						

A COPY OF YOUR BUSINESS LICENSE IS REQUIRED WITH THIS FORM
AFFIDAVITS MUST BE SUBMITTED PRIOR TO INSULATION INSPECTION REQUESTS

Insulation Contractor's Statement:
The service equipment for the above referenced job location has been installed in accordance with all applicable state codes and county ordinances. In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Planning and Development has been notified in writing of any changes.

This is to certify that I am responsible for the insulation service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date: _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____