



## Commercial Building Permit Application

### Location

Address of Job: \_\_\_\_\_

District-Land Lot-Parcel: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Zoning: \_\_\_\_\_

### Description of Work

☐ Previous use of space (i.e. white box, restaurant, office) \_\_\_\_\_

Tenant/Project Name: \_\_\_\_\_

Work includes: ☐ Mechanical ☐ Electrical ☐ Plumbing ☐ Low Voltage Sewage Disposal: ☐ Septic ☐ Sewer

Building Square Footage: \_\_\_\_\_ Affected Square Footage: \_\_\_\_\_ Construction Cost: \$ \_\_\_\_\_

### Land Owner of Record

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Contractor (required prior to issuance) or Owner-Occupant (if no Contractor)

Name of Company: \_\_\_\_\_ Business License No.: \_\_\_\_\_

Name of Qualifying Agent: \_\_\_\_\_ Contractor License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor/Owner-Occupant E-mail: \_\_\_\_\_

Name of 24 Hour Contact: \_\_\_\_\_ GSWCC Level 1A certification: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Applicant/Contact (if other than the Contractor)

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signature

Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance with the Noise Ordinance, Permit Box posting, Erosion Control and all applicable regulations are enforced.  
Subcontractor affidavits shall be submitted before beginning work. No occupancy allowed prior to issuance of CO.

Please submit completed forms and request inspections at <https://build.sandyspringsga.gov>.