

CITY OF CEDARTOWN

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BUILDING INSPECTION DEPARTMENT APPLICATION FOR: NON-RESIDENTIAL BUILDING PERMIT

DATE: _____
PROJECT NAME: _____ PROJECT ADDRESS: _____

OWNER: _____ ARCHITECT: _____
ADDRESS: _____ ADDRESS: _____
PHONE: _____ PHONE: _____

OCCUPANCY CLASSIFICATION: _____
CONSTRUCTION TYPE: _____
BUILDING DIMENSIONS (OVERALL): _____ x _____
BUILDING SIZE _____ s.f.

SIGNATURE _____

INFORMATION BELOW THIS LINE TO BE FILLED IN BY BUILDING DEPARTMENT:

ZONING VERIFICATION: _____
PROJECT APPROVAL: _____
DEVELOPMENT *PERMIT* REQUIRED: _____
ON-SITE SEWAGE DISPOSAL PERMIT
OR SEWER CUT-IN RECEIPT: NUM. _____
PRIVATE WATER VERIFICATION OR
WATER METER RECEIPT: NUM. _____
NUMBER OF COMPLETE SETS OF
CONSTRUCTION DOCUMENTS: _____
FLOOD *PLAIN*: _____

PLAN APPROVALS:

DEVELOPMENT PLANS
EROSION AND SEDIMENT CONTROL PLANS: _____
GEORGIA SOIL AND WATER CONSERVATION CERTIFICATION NUMBER: _____
GRADING PLANS: _____
STORMWATER MANAGEMENT PLANS: _____
STREET IMPROVEMENT PLANS: _____
BUFFER/LANDSCAPING/TREE CONSERVATION PLANS: _____
PUBLIC UTILITY PLANS: _____

BUILDING PLANS:
BUILDING DEPARTMENT REVIEW: _____
FIRE MARSHALL REVIEW: _____
STATE FIRE MARSHALL REVIEW: _____
HEALTH DEPARTMENT REVIEW: _____
VERIFICATION OF BUSINESS LICENSE: _____

COMMENTS: _____