



RESIDENTIAL POWER ACTIVATION PROCESS

Community Development Department, 65 Lawrenceville Street, Norcross, Georgia 30071
Telephone: 678-421-2027 Facsimile: 770-242-0824 Inspections 770-448-7988

Below is the general process to follow for a power reconnect is as follows:

- 1) Hire an electrical contractor to inspect the electrical system and confirm it is in good working order
- 2) Have the electrician complete the following forms
 - a. Building permit application
 - b. Sub-contractor affidavit
 - i. Must be notarized if the contractor will not personally submit the application
 - c. Waiver of liability
- 3) Submit the above forms and pay the \$65.00 inspection fee
 - a. For Norcross Power Customers, the utility billing service should be set up while paying the inspection fee
 - i. Complete the attached Residential Utility Service Application
 1. Owner-Occupants will need to provide
 - a. Proof of ownership
 - b. State issued photo ID
 2. Tenants will need to provide
 - a. Copy of the lease agreement
 - b. \$250.00 Deposit
 - c. State issued photo ID
- 4) Schedule the inspection
 - a. Can be scheduled as soon as the next business day
- 5) Upon inspection and approval, we will notify the electrical company the same day that power can be activated at the site.
 - a. Generally, Norcross Power will be activated the next business day.



CITY OF NORCROSS BUILDING PERMIT APPLICATION

Community Development Department,
65 Lawrenceville Street, Norcross, Georgia 30071
Telephone: 678-421-2027 Facsimile: 770-242-0824 Inspections 770-448-7988

INITIATION INFORMATION

Building Permit No.: _____ Permit Issue Date: _____ Zoning _____ Development No.: _____
COA No.: _____ Power Co.: _____ Electric Waiver: _____ Water & Sewer Services _____

CONSTRUCTION INFORMATION

Construction Type: New Building: _____ Addition: _____ Alterations: _____
Demolition: _____ Building Type: _____ Building Usage: _____ Tax Parcel Number (s): _____
Property Address: _____ Suite or Lot No.: _____
Nearest Cross Street or Intersection: _____ Subdivision/Development Name: _____
Property Setbacks Lines: Left: ___ Right: ___ Front: ___ Back: ___ Lot Width: ___ Lot Depth: ___ No. of Units: ___
Building Width: _____ Building Depth: _____ Building Height: _____ No. of Stories: _____ No. of Rooms: _____
No. of Baths: _____ No. of Families: _____ No. of Bedrooms: _____ District type: Historic Overlay
Foundation Type: Slab Basement Crawlspace Deck Split Level
Total floor area: _____ Total Heated area: _____ Total UNHEATED area _____ Total Area of Construction _____
Project Name: _____ Construction value: \$ _____
Details of Construction: _____

This project will involve the following trades or work: HVAC Re-roof Low Voltage Plumbing
 Gas Line Grease Trap Electrical (WITH or WITHOUT Service)

NOTE: ALL CONSTRUCTION RELATED TRASH, DEBRIS OR SOLID WASTE SERVICES ARE TO BE PROVIDED BY THE CITY OF NORCROSS. PROOF OF SERVICE MUST BE SHOWN PRIOR TO PERMIT ISSUANCE.

PROPERTY OWNER INFORMATION

Property Owner Name: _____
Property Owner Address: _____
Phone: _____ Fax: _____ Email: _____

APPLICANT INFORMATION

Applicant (Company) Name: _____
Applicant Contact Name: _____
Applicant Address: _____
Phone: _____ Fax: _____ Email: _____



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GENERAL CONTRACTOR INFORMATION

Only Home owner-occupants may act as their own General Contractor

General Contractor (Company) Name: _____

Contact Name: _____

Address: _____

GC/Qualifying Agent State License#: _____ GC Company State License#: _____

Phone: _____ Fax: _____ Email: _____

OFFICIAL USE ONLY

Permit Fee: \$ _____ COC/CO Fee: \$ _____ Water Tap Fee: \$ _____ Electric Meter Fee: \$ _____

Sewer Tap Fee: \$ _____ BP Receipt No. _____ Fine Amount: \$ _____

Plan Review Receipt No. _____ Plan Review No. _____

Please read and initial

_____ Application is hereby made according to the laws and ordinances of the City of Norcross for a permit to erect/alter and use a structure as described herein or shown on accompanying plan and specification, to be located as shown on accompanying plat plan and if same is granted, agree to conform to all laws and ordinances regulating same.

_____ Complete plans must be furnished on other than residential housing. Construction will be started no later than six months from date of permit issue.

_____ This application is made with full understanding that the City of Norcross cannot legally maintain private roads or driveways and will not be requested to do so.

_____ NOTICE: All SUB-CONTRACTOR AFFIDAVITS MUST BE SUBMITTED AT ISSUANCE OF PERMIT(S).

_____ Personally appeared the above named applicant, who under oath says that he/she is the applicant for the foregoing, and that all the above statements are true to the best of his/her knowledge.

_____ Application is also made for certificate of occupancy or completion for the above stated use. The building for which this permit is issued is not to be occupied until a City of Norcross certificate of occupancy or completion has been issued.

Applicant's Name (please print clearly)

Applicant's Signature and Current Date

Property Owner's Name (please print clearly)

Property Owner's Signature and Current Date

This Document was / was not signed in the presence of _____

City of Norcross Personnel

Date



Community Development Department

SUB-CONTRACTOR AFFIDAVIT

NOTICE: This form must be completed, signed and submitted to the Building Inspections Department before work may commence. **A Copy of your current Business License, Driver's License and State Trade Card must accompany all affidavits.** ALL STATE CERTIFIED TRADE CONTRACTORS MUST EITHER MAKE A PERSONAL APPEARANCE TO SUBMIT THE ABOVE ITEMS OR SUBMIT A NOTARIZED SIGNATURE ON THIS FORM WITH THE ABOVE ITEMS FOR THEIR FIRST APPEARANCE IN THE CITY OF NORCROSS. All information requested on this form is mandatory and required before the issuance of a building permit.

Building Permit # _____ **Job Site Address:** _____

General Contractor: _____

This is to certify that I am responsible for the:

_____ **Electrical**

_____ **Plumbing**

_____ **HVAC**

_____ **Low Voltage**

I understand that I will be held responsible for this job until the Building Inspections Department is notified of any change.

Sub-contractor's Name:

Address: _____

Sub-contractor's Signature:

Suite: _____

City: _____

Sub-contractor's State License #:

Zip Code: _____

Office Telephone: _____

Business License # & County:

Sub-contractor's Cell: _____

Email: _____

I _____, state certified tradesman of record, hereby authorize _____ to submit my name, business license and trade card(s) to the City of Norcross for the issuance of a building permit for the above address.

Before me, the undersigned notary public, this day, personally, appeared _____ to me known, who being duly sworn according to law, deposes the following:

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

FOR BUILDING INSPECTION REQUEST, CALL (770) 448-7988

General Information:

65 Lawrenceville Street • Norcross, GA 30071 • (678) 421-2027 • Fax (770) 242-0824

Email: *rpatrick@norcrossga.net*

REQUEST FOR POWER RELEASE

I, or we, electrician of record, are requesting that a temporary / permanent power release on the electrical service be issued at the below location for a period of time set by the inspector in order to do the following: **PLEASE DESCRIBE**

Permit number: _____ Street address: _____

Subdivision or project: _____ Lot #: _____

Power company _____

In requesting this release to energize this service, I or we agree to the following:

PLEASE INITIAL

- _____ 1. I or we assume all responsibility and liability for any and all use of electricity in the building/site.
- _____ 2. It is understood that no occupancy is to be allowed during use of this temporary approval and that occupancy will result in immediate disconnection of the service.
- _____ 3. I or we relieve the City of Norcross and its inspectors and the utility company from any and all liability for damage or loss from requesting electricity to be disconnected from the wiring system.
- _____ 4. A Georgia state licensed electrician will be responsible for installation of the electrical system and the construction superintendent will be responsible for the jobsite.
- _____ 5. I or we understand that any violation of the above will be taken into consideration for any future applications.
- _____ 6. *I or we assume any and all responsibility for any damage or injury resulting from this connection and relieve the City of Norcross and its inspectors from any liability.*

Electrical contractor signature: _____ Date: _____

State license number: _____

Electrical company: _____ Phone _____

Address: _____



GENERAL GOVERNMENT ADMINISTRATION DEPARTMENT

DEAR NEW UTILITY CUSTOMER:

Welcome to the City of Norcross. The choice you have made to reside here is an excellent one and we hope you will like it here. It is necessary to inform you that **prompt** and full payment is required once you receive your utility bill. This is required in order to pay our suppliers and to ensure that rates do not go up for our paying customers.

Attached are the general provisions that cover utility services. We would like you to take a few moments to review these rules and if you have any questions please ask. The most important points to remember are that payments are due by the 15th of the month and a late fee of 10% will be applied after that date. Failure to pay by 5:00pm on the 15th will result in discontinuance of service after notice is served. The cost of serving you a notice will be an additional five (\$5.00) dollars. If payment has not been received by 10:00am on cut-off day, an additional fifty (\$50.00) dollars will be automatically added your account.

If paying by mail, you must make sure we have received your payment (we do not go by post mark dates). We are not responsible for any payments that are not received on time due to problems with the mail. Also, if for some reason you do not receive a bill, you are still responsible for payment by 5:00pm on the 15th. You should call the City if you do not receive a bill by the 2nd of the month.

Once again, welcome to the City of Norcross and let us know of any problems, concerns or suggestions of how to better serve you.

Please check each box below indicating that you have read and understand the information contained in this letter:

- Payment is due by 5:00pm on the 15th
- Additional \$50.00 will be added on cut-off day if payment has not been received by 10:00am
- Mail received in the office after 5:00 pm on the 15th regardless of post mark will be access late charges and notice fees.
- Not receiving my bill, does not relieve me of my payment

Please sign below stating you are familiar with the rules and provisions regarding the supply of utility services in the City of Norcross.

(Signature of Applicant)

Date: _____

(Print Name of Applicant)



CITY OF NORCROSS APPLICATION FOR RESIDENTIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: YES () NO ()

OR

TRANSFER SERVICE: YES () NO () TRANSFER ACCOUNT #: _____

DATE OF APPLICATION: _____ SERVICE EFFECTIVE (NEXT DAY): _____

NAME OF APPLICANT: _____ HOME TEL #: _____

PRINT NAME OF APPLICANT: _____ CELL TEL #: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

SSN OR FED TAX ID NO: _____ * D.O.B: _____ SR. CITIZEN ()

QUALIFIES FOR SENIOR CITIZEN DISCOUNT: YES () NO ()

EMPLOYER: _____ EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

PERSON (S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT:

(PLEASE INDICATE NEXT TO EACH NAME WHAT RELATIONS THEY ARE TO YOU)

CONTACT PERSON IN CASE OF EMERGENCY: _____

(PLEASE INCLUDE A VALID PHONE NUMBER AND ADDRESS)

***USED TO DETERMINE ELIGIBILITY FOR SENIOR CITIZEN DISCOUNT (62 AND OVER). THE SIGNEE APPLYING FOR UTILITY SERVICE FROM THE CITY OF NORCROSS CERTIFIES THAT HE/SHE HAS BEEN MADE AWARE OF THE CODES GOVERNING UTILITIES SET FORTH BY THE CITY ORDINANCE AND AGREES TO COMPLY WITH THEM.**

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DEPOSIT AMOUNT:

ELECTRIC: \$ _____

DUMPSTER: \$ _____

TOTAL PAID: \$ _____

RECEIPT NUMBER: _____

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____