



# 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

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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](mailto: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**

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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.*

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Electrical contractor signature: \_\_\_\_\_ Date: \_\_\_\_\_

State license number: \_\_\_\_\_

Electrical company: \_\_\_\_\_ Phone \_\_\_\_\_

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



GENERAL GOVERNMENT ADMINISTRATION DEPARTMENT

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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 15<sup>th</sup> of the month and a late fee of 10% will be applied after that date. Failure to pay by 5:00pm on the 15<sup>th</sup> 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 15<sup>th</sup>. You should call the City if you do not receive a bill by the 2<sup>nd</sup> 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 15<sup>th</sup>
- 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 15<sup>th</sup> 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: \_\_\_\_\_