



# 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