



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