



# STEPS TO OPEN A BUSINESS

For questions regarding the change of occupancy process contact the Community Development Department at 678-421-2027

READ CAREFULLY THE FOLLOWING STEPS TO APPLY FOR A BUSINESS LICENSE	
STEP 1	Confirm address is located within the Norcross city limits by using the <a href="#">GIS CITY MAP</a> and confirm zoning is correct for business use by calling 678-421-2027
STEP 2	Create an account with our online portal <a href="#">E Plan Solutions</a> create a new project called "Change of Occupancy" and pay fee \$75 (Building Inspection Fee)
STEP 3	<p>A. Complete the following forms: (Upload forms to the online portal along with required additional documentation under the Submittal Tab)</p> <ul style="list-style-type: none"> <li>○ Change of Occupancy and Business Registration Application Form</li> <li>○ S.A.V.E. Private Employer Affidavit</li> <li>○ Business Occupation Tax Return</li> <li>○ Home Based Business Declaration Form (home based businesses only)</li> <li>○ Business Watch Registration Form</li> </ul> <p>B. Provide additional documentation</p> <ul style="list-style-type: none"> <li>○ Copy of Government Issued I.D.</li> <li>○ Copy of Lease Agreement OR proof of ownership</li> <li>○ Approval from External Agencies if applicable (Gwinnett County Water &amp; Sewer, Gwinnett County Environmental Health, Georgia Department of Agriculture, Georgia Secretary of State)</li> <li>○ Copy of Fire Marshall Certificate of Occupancy</li> </ul> <p>C. Provide the following information as applicable</p> <ul style="list-style-type: none"> <li>○ Copy of Articles of Corporation Including Officers (if a corporation)</li> <li>○ Copy of Federal Tax Certificate</li> <li>○ Proof of Trade Name Registration</li> </ul>
STEP 4	<p>Schedule Inspections</p> <ul style="list-style-type: none"> <li>○ Schedule Gwinnett County Fire Marshall Inspection through their <a href="#">online portal</a> or by calling 678-518-6000 and Submit copy of Fire Marshall Certificate of Occupancy to the City of Norcross Community Development (<b>Required before scheduling City's Building Inspection</b>)</li> <li>○ Schedule City's Building Inspection by calling 678-421-2066. <b>ACTIVE UTILITES ARE REQUIRED FOR BUILDING INSPECTION.</b> A separate utility activation permit is required if utilities have not been active in the past 6 months</li> </ul>
STEP 5	Pay Business License Fee to GGA. Business license will be issued within 1-2 business days.
STEP 6	Set up sanitation and electricity connections by contacting the General Government Administration (GGA) Department at 770-448-2122
	<b>NOTE: CHANGE OF OCCUPANCY APPLICATIONS SUBMITTED FOR REVIEW THAT HAVE NOT MADE PROGRESS WITHIN 60 DAYS OF SUBMITTAL DATE WILL BE AUTOMATICALLY WITHDRAWN. FEES MAY NOT BE REFUNDED.</b>



# EXTERNAL AGENCIES

For questions regarding the change of occupancy process contact the Community Development Department at 678-421-2027

<b>CONSULT WITH EXTERNAL AGENCIES TO OBTAIN APPROVAL FOR THE FOLLOWING BUSINESS ACTIVITIES</b> <b><u>THIS IS NOT AN EXHAUSTIVE LIST</u></b>	
<b>Gwinnett County Department of Water Resources (DWR- GREEN SHEET)</b>	<b>Georgia Department of Agriculture</b>
<p>Any type of food service Stores Restaurants Ice cream shops Coffee shops Bakeries &amp; Delis Meat markets Assisted living facilities washes Any Industrial Manufacturing activity Day Care Facilities</p> <p>Grocery Minimarts New Buildings Medical or dental facilities Automotive facilities/car Coin laundries Food/drink processors Highwater users</p> <p><b>Website:</b> <a href="https://www.gwinnettcountry.com/web/gwinnett/departments/water">https://www.gwinnettcountry.com/web/gwinnett/departments/water</a> <b>Phone Number: 770-822-800</b></p>	<p>Retail Food (Food Sales) Programs Cottage Food (domestic home kitchens) Convenience stores Bakeries Loaf Breads, Rolls, Seafood operations Cakes &amp; Candies Salvage food operations Pastries Cookies Mobile meat trucks</p> <p><b>Website:</b> <a href="https://www.gnrhealth.com/services/environmental-health-index/">https://www.gnrhealth.com/services/environmental-health-index/</a> <b>Phone number: 404-656-3600</b></p>
<b>Gwinnett County Environmental Health</b>	<b>Georgia Secretary of State License</b>
<p>Food service establishments New construction Swimming pool Body art studios (tattoo and body piercing) Commercial/residential Septic System</p> <p><b>Website:</b> <a href="https://www.gnrhealth.com/services/environmental-health-index/">https://www.gnrhealth.com/services/environmental-health-index/</a> <b>Phone Number: 770-963-5732</b></p>	<p>Chiropractors Counselor/Social Cosmetology &amp; Barbers Workers/Marriage Immigration Assistance Long-term Care Facility Used Motor Vehicles Massage Therapy Dealers/Parts Professional</p> <p><b>Website:</b> <a href="https://sos.ga.gov/licensing-division-georgia-secretary-states-office">https://sos.ga.gov/licensing-division-georgia-secretary-states-office</a> <b>Phone Number: 478-207-2440</b></p>
<p><b>Child Care Facilities need to contact Bright From The Start – 404-657-5562 -</b> <a href="http://www.dec.state.ga.gov/">http://www.dec.state.ga.gov/</a></p>	<p><b>Gwinnett County Trade Name Registration</b> 770-822-8100 - <a href="http://www.gwinnettcourts.com">Gwinnett County - Superior Court - Trade Name Registration (gwinnettcourts.com)</a></p>
<p><b>Georgia Corporations Divisions – 404-656-2817</b> <a href="https://ecorp.sos.ga.gov/BusinessSearch">https://ecorp.sos.ga.gov/BusinessSearch</a></p>	<p><b>Federal Tax Certificate (EIN)</b> <a href="http://www.irs.gov">Employer ID Numbers   Internal Revenue Service (irs.gov)</a></p>



# Change of Occupancy and Business Registration Application

Community Development Department Phone: 678-421-2027  
65 Lawrenceville Street Norcross, GA 30071

<b>APPLICATION INFORMATION</b>					
Type of Application: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Business <i>(complete the home-based business declaration for home businesses)</i>					
Reason for application: (Select all that apply) <input type="checkbox"/> New Business <input type="checkbox"/> Change of Location <input type="checkbox"/> New Owner <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Business Activity			This Business: <input type="checkbox"/> is in a standalone suite/building, OR <input type="checkbox"/> is sharing tenant space with an existing business		
<b>APPLICANT</b>					
Applicant's Name:					
Applicant's Address:		Phone Number		Email:	
<b>BUSINESS INFORMATION</b>					
Legal Business Name:					
Doing Business As (DBA):					
Business Address ( <i>physical location</i> ):		Suite #:	City: <b>Norcross</b>	State: <b>GA</b>	Zip Code:
Mailing Address:		Suite #:	City:	State:	Zip Code:
Description of the primary business activity:					
Expected Opening Date:		NAICS Code: <a href="http://www.NAICS.com">www.NAICS.com</a>			
<b>BUSINESS OWNERSHIP INFORMATION</b>					
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Privately held Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Publicly Held Corporation <input type="checkbox"/> Publicly Held Corporation Subject to SEC Regulations <input type="checkbox"/> Other – Explain:					
Owner or President Name:			*Indicate if owner and president are different		
Owner Home Address:		Suite #:	City:	State:	Zip Code
Owner Email Address:		Phone Number:			
<b>Additional Business Contact Information</b>					
On-site Business Manager:		Phone Number:		Email:	
Additional Contact:		Phone Number		Email:	



# Change of Occupancy and Business Registration Application

Community Development Department Phone: 678-421-2027  
65 Lawrenceville Street Norcross, GA 30071

## BUSINESS SANITATION

<p>Per chapter 36-209 of the Norcross Code of Ordinances, <b>“In order to obtain a business license, the applicant must show proof that sanitation service has been arranged with the city and appropriate deposits have been paid for the proposed business.”</b></p> <p><input type="checkbox"/> My company is authorized to use Norcross Account Number for sanitation</p> <p><input type="checkbox"/> My company will need to apply for Sanitation Account</p>	<p style="text-align: center; color: red; font-weight: bold;">OFFICE USE ONLY</p> <p><b>CERTIFICATE #</b></p> <p><b>NAICS #</b></p> <p><b>SYSTEMS #</b></p> <p><b>FEE</b> _____</p> <p><b>DATE</b> _____</p>
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## BUSINESS ACTIVITY QUESTIONNAIRE

Select which of the following activities apply to your business:

Yes  No Outdoor storage, outdoor work, outdoor display, AND/OR outdoor temporary buildings.

Yes  No Onsite sale or use of smoking related products, including Hookah, VAPE, Cigarettes, and Cigars

Yes  No Automotive repair, painting (body work), part sales AND/OR automotive sales, rental, or brokerage.

Yes  No Adult entertainment the depiction, display or featuring of specified anatomical areas.

Yes  No The manipulation of human tissue.

Yes  No Selling/serving food AND/OR beverages.

Yes  No Selling AND/OR serving alcohol.

Yes  No Arcade machines, pool tables (or other amusement devices) AND/OR dance floor.

Yes  No Pawnbroker AND/OR precious metal dealer.

Yes  No Washing of any equipment or vehicle AND/OR discharge of wastewater, rinse water to the ground, street or storm drain.

Provide detailed explanation for the items selected above **(mandatory)**:

2. The business location has the following active utilities:  Electricity  Water  Heating

*If the location has not had active utilities in the past 6 months, coordinate with specific tradesmen to apply for utility activation permit.*

Is this business required by the State of Georgia to have a state license?  Yes  No

*If yes, please submit a copy of the state license*

Will a business permanent or temporary sign be installed on the building or ground?  Yes  No

*If yes, a separate sign permit is required*

Will this business require interior or exterior alterations or installation of equipment?  Yes  No

*If yes, a separate building permit is required*

## COMMERCIAL LEASE INFORMATION

Term of Lease:	Total Square Footage:
Lease Start Date:	Lease End Date:



# Change of Occupancy and Business Registration Application

Community Development Department Phone: 678-421-2027  
 65 Lawrenceville Street Norcross, GA 30071

## SUBMIT THE FOLLOWING WITH APPLICATION FORM (ALL BUSINESSES)

- Copy of Lease Agreement (Commercial based business only) or Proof of Property Ownership
- Copy of Government issued I.D. (i.e. Driver's License, Passport, Military, etc)
- Copy of Gwinnett County Fire Marshall Certificate of Occupancy  
 Contact 678-518-6000 - <https://aca-prod.accela.com/GWINNETT/Welcome.aspx> (Online portal to schedule Fire inspection)
- Copy of GA Secretary of State License (if applicable)  
 Contact 478-207-2440 <https://sos.ga.gov/licensing-division-georgia-secretary-states-office>
- Copy of Gwinnett County Environmental Health approval (if applicable)  
 Contact 770-963-5732 - <https://www.gnrhealth.com/services/environmental-health-index/>
- GA Department of Agriculture approval (if applicable)  
 Contact 404-656-3600 - <https://www.agr.georgia.gov/foodsafety.aspx>
- Copy of Gwinnett County Water & Sewer Approval (if applicable)
- Contact 770-822-8000 - <https://www.gwinnettcounty.com/web/gwinnett/departments/water>

## APPLICANT'S STATEMENT

Applicant affirms that the information specified on this application is a true and accurate representation of the proposed business activity on site. Failure to provide true and accurate information with respect to the proposed business activity on site may lead to revocation of certificate of occupancy or business license registration

Applicant Complete Name:

Applicant Signature:

Date:



# S.A.V.E/PRIVATE EMPLOYER AFFIDAVIT

Affidavit verifying status for city public benefit pursuant to O.C.G.A. § 36-60-6(d) & § 50-36-1(E)(2)

For questions about this form contact the General Government Administration by calling 770-448-2122

**PLEASE SIGN DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC. THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.**

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate, Alcohol License, or other public benefit document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), O.C.G.A. Section 50-36-1, from the CITY OF NORCROSS, the undersigned applicant representing the private employer known as:

Business Name: \_\_\_\_\_ (complete ALL SECTIONS below)

## SECTION A

Choose one of the following:

**9 or Less Employees** - On January 1st of the below signed year, the individual, firm, or corporation employed LESS THAN TEN (10) employees - Exempt from E-Verify registration.

**10 or More Employees** - On January 1st of the below signed year, the individual, firm, or corporation employed TEN (10) OR MORE employees. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(d). - [uscis.gov/everify](http://uscis.gov/everify). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below.

E-Verify: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

## SECTION B

Choose one of the following:

I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as: a driver's license, military id card, or passport

I am a legal permanent resident of the United States.

Please submit copy of your Permanent Resident Card

I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by the O.C.G.A. §50-36-1(e)(1), with this affidavit.

**IN MAKING THE ABOVE REPRESENTATION UNDER OATH, I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY AND WILLFULLY MAKES A FALSE, FICTITIOUS, OR FRAUDULENT STATEMENT OR REPRESENTATION IN AN AFFIDAVIT SHALL BE GUILTY OF A VIOLATION OF O.C.G.A. § 16-10-20, AND FACE CRIMINAL PENALTIES ALLOWED BY SUCH STATUTE.**

## SECTION C – Must be completed with a notary

Applicant Signature: \_\_\_\_\_

Subscribed and sworn to before me: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Date: \_\_\_\_\_

Notary Public

Seal

My Commission Expires: \_\_\_\_\_



# BUSINESS OCCUPATION TAX RETURN

For questions about this form contact the General Government Administration by calling  
770-448-2122

Number of employees including owner:	NAICS Code (www.NAICS.com):	TIN OR FTIN#: Federal Tax ID/Foreign Tax ID/Social Security Number
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A non-prorated administrative fee of \$50.00 shall be required on all business and occupation tax accounts. This fee is in addition to the Employee Tax Liability Fee. The tax rate shall be determined by number of employees for each business, trade, or profession. Any new business, trade, profession, or occupational tax after July 1st of each year shall be charged one-half (1/2) of the annual occupation tax imposed on such business, trade, profession, or occupation.

Number of Employees:	Occupational Tax Due:	Total including Administrative Fee:
1 Employee	\$50.00	<b>\$100.00</b>
2 Employees	\$60.00	<b>\$110.00</b>
3-9 Employees	\$60.00 + \$15 per employee over 2	<b>\$110.00 + \$15 per employee over 2</b>
10-99 Employees	\$165.00 + \$12.60 per employee over 9	<b>\$215.00 + \$12.60 per employee over 9</b>
100-599 Employees	\$1,299.00 + \$10.40 per employee over 99	<b>\$1,349.00 + \$10.40 per employee over 99</b>
500 or more Employees	\$5,459.00 + \$7.40 per employee over 499	<b>\$5,509.00 + \$7.40 per employee over 499</b>

Professionals shall elect as their entire occupation tax one that is based on number of employees or a fee of \$400 per practitioner who is licensed to provide the service.

## CERTIFICATION

I, \_\_\_\_\_, hereby certify that I have provided complete and accurate information above. I acknowledge that I am aware that failure to comply with the commercial occupation requirements may result in revocation of my Occupational Tax Certificate and / or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required Federal and State Licenses. Failure to be properly licensed may result in substantial penalties.

Name of Applicant:	Applicant's Signature:	Date:
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# HOME BASED BUSINESS DECLARATION

Community Development Department Phone: 678-421-2027

65 Lawrenceville Street Norcross, GA 30071

INITIAL EACH CONDITION TO ACKNOWLEDGE THE HOME BUSINESS ZONING REQUIREMENTS		INITIAL:
1. The home occupation must be clearly secondary to the use of the dwelling as a residence and must not change the residential character of the dwelling or lot in any visible manner.		
2. The home occupation must not create any objectionable odor, noticeable vibration, or offensive noise that increases the level of ambient sound at the property lines.		
3. The home occupation must not cause unsightly conditions or waste which is visible from off the property.		
4. The home occupation must not cause interference with radio or television reception in the vicinity.		
5. The home occupation employees in the residence are only those persons who reside in the residence.		
6. The home occupation has no signs.		
7. The home occupation occupies less than one-fourth of the floor area of the dwelling.		
8. The home occupation has a maximum of one commercial vehicle, that is in compliance with the off-street parking ordinance, parked at the residence.		
9. The home occupation has no storage outside the residence.		
10. The home occupation does not create a volume of passenger or commercial traffic that is inconsistent with the normal level of traffic on the street on which the dwelling is located		
11. The following shall not be permitted within the home: massage therapy, psychic readings and fortunetelling, tattoo and/or body modification.		
Home Occupation Address:	Email Address:	Phone Number:
I, _____ (Applicant Name), hereby certify that I have provided complete and accurate information above.		
Applicant Signature:	Date:	





# NORCROSS POLICE DEPARTMENT

## BUSINESS WATCH REGISTRATION FORM

Please **PRINT LEGIBLY** or **TYPE** the following information:

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business License #: \_\_\_\_\_ Alarm Company: \_\_\_\_\_ Alarm Type: \_\_\_\_\_

Business Address: (Street) \_\_\_\_\_ (Suite) \_\_\_\_\_

Mailing Address: (Street) \_\_\_\_\_ (Suite) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

### 24-Hour (day / night) Local Emergency Contacts:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_

Video Surveillance:      Yes      No      If yes:      inside      outside      both

Please fax or email completed form to the Norcross Police Department  
678-802-6792 or [records@norcrosspd.com](mailto:records@norcrosspd.com)

*Do you wish to receive CivicReady Alerts and Advisories by phone and / or e-mail?*      YES      NO

**Office Use**      Sticker #: \_\_\_\_\_      Date Entered into directory: \_\_\_\_\_

## City of Norcross Solid Waste Rate Schedule

<b>Residential</b> (one time a week p/u)	<b>\$24.58</b> per month per cart (\$295.00 annually)
<b>All current residential property owners residing in the property who are age sixty-two (62) years old and older</b>	<b>\$12.29</b> per month per cart (\$147.50 annually)
<b>Commercial single stream recycling</b>	No additional charge for 1 95 gallon cart
<b>Commercial</b> (cart p/u one time a week)	<b>\$36.04</b> per month per 95 gallon cart
<b>Corrugated Cardboard Recycling</b>	<b>\$74.57</b> per month (1 8YD 1x per week service)

### FRONT LOADING DUMPSTERS

**Deposit Required: Amount equal to first and last month**

	1x/Wk	2x/Wk	3x/Wk	4x/Wk	5x/Wk	6x/Wk
2yd	\$72.57	\$121.44	\$172.22	\$223.17	\$272.11	\$323.11
4yd	\$94.91	\$164.07	\$231.60	\$297.75	\$369.17	\$436.88
6yd	\$119.77	\$210.87	\$301.97	\$393.08	\$484.20	\$575.28
8yd	\$144.59	\$260.53	\$376.52	\$492.47	\$676.02	\$724.35

### OPEN TOP DUMPSTERS

**Deposit Required: \$500.00 per open top container**

10 Yard Open Top	Rental per month	\$203.10
	Haul/Disposal	\$338.68
20 Yard Open Top	Rental per month	\$203.10
	Haul/Disposal	\$372.71
30 Yard Open Top	Rental per month	\$203.10
	Haul/Disposal	\$477.90
40 Yard Open Top	Rental per month	\$203.10
	Haul/Disposal	\$583.02

### COMPACTORS

**Deposit required: \$700.00 on rental units    \$350.00 on Customer owned units**

30 Yard Compactor	Rental per month	\$535.30
	Haul/Disposal	\$477.90
35 Yard Compactor	Rental per month	\$535.30
	Haul/Disposal	\$538.21
40 Yard Compactor	Rental per month	\$535.30
	Haul/Disposal	\$611.03

**NOTE: Tonnage over allotted 4 tons is \$53.52 per ton.**  
**\$91.02 charge will be applied for dumpster relocation. \$97.69 charge for delivery.**  
**\$69.81 charge for extra p/u of front load dumpsters.**  
**Rental fees associated with OT dumpsters will be prorated for partial month use.**

Effective: Bills rendered on or after September 1, 2022



CITY OF NORCROSS APPLICATION FOR COMMERCIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: [ ] EMAIL ADDRESS: \_\_\_\_\_
OR
PREVIOUS ACCOUNT HOLDER: [ ] PREVIOUS ACCOUNT #: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ SERVICE START (NEXT DAY OR LATER): \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PRIMARY TEL. #: \_\_\_\_\_ ADDL. TEL. #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CITY, STATE, & ZIP: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): \_\_\_\_\_

SSN OR FED TAX ID NO: \_\_\_\_\_

OCCUPATIONAL TAX REGISTRATION #: \_\_\_\_\_

PERSON COMPLETING THIS APPLICATION (PRINT PLEASE: \_\_\_\_\_

TITLE (PRINT PLEASE): \_\_\_\_\_

PERSON(S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT: \_\_\_\_\_

(PLEASE INDICATE NEXT TO EACH NAME THEIR TITLE/POSITION)

CONTACT PERSON IN CASE OF EMERGENCY: \_\_\_\_\_
(PLEASE INCLUDE A VALID PHONE NUMBER AND E-MAIL)

SIZE OF DUMPSTER(S) REQUESTED: \_\_\_\_\_

SPECIFIC PLACEMENT INSTRUCTIONS FOR DELIVERY & SITE CONTACT PHONE: \_\_\_\_\_

DELIVERY DRIVER MAY NOT BE FAMILIAR WITH ROUTE OR PREVIOUS CONTAINER LOCATIONS. BE SPECIFIC WITH WHERE CONTAINER IS TO BE PLACED

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 \$ \_\_\_\_\_ SANITATION: \_\_\_\_\_

TOTAL PAID: \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

NAME OF EMPLOYEE ACCEPTING APPLICATION: \_\_\_\_\_



## ADMINISTRATIVE SERVICES UTILITY POLICY NOTICE

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DEAR NEW UTILITY CUSTOMER:

Welcome to the City of Norcross. The choice you have made to do business here is an excellent one! 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 to pay our suppliers and to ensure that rates do not go up for our customers.

Attached are the general provisions that cover utility services. We would like you to take a few moments to review this page. If you have any questions, please ask. New electric accounts will be subject to a one-time \$40.00 connection charge on the 1st bill. Please note, payments are due by the **15th** of the month (or other due date specified on your bill) and a late fee of 10% will be applied after that date. Failure to pay by 5:00pm on the due date will result in a service interruption after the due date on the late notice has passed. The cost of processing and mailing a notice will be an additional five (\$5.00) dollars. If payment has not been received by 5pm on the due date listed on the late notice, an additional fifty (\$50.00) dollars administration charge will be automatically added your next bill.

If disconnecting services, you must do so in writing. You may find the disconnection form on our website or at our office. You are responsible for charges to your account until the disconnection form has been received.

If paying by mail, you must make sure our office receives your payment prior to the due date (postmark will not be recognized). 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 due date. You may call our office if you do not receive a bill by the 2<sup>nd</sup> of the month or e-mail our office at [GGA@norcrossga.net](mailto:GGA@norcrossga.net).

Once again, welcome to the City of Norcross! Let us know of any problems, concerns, or suggestions of how to better serve you at [GGA@norcrossga.net](mailto:GGA@norcrossga.net).

**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> (or other due date specified on your bill)
- Additional \$50.00 will be added on cut-off day if payment has not been received by 5PM on penalty due date.
- Mail received in the office after 5:00 pm on the due date regardless of postmark will be assessed late charges/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)

65 LAWRENCEVILLE STREET, NORCROSS, GA 30071  
TELEPHONE \*(770) 448-2122 FAX \*1(678)-802-6466  
Website [www.norcrossga.net](http://www.norcrossga.net)  
e-mail: [GGA@norcrossga.net](mailto:GGA@norcrossga.net)