



Peach County
410 Old Macon Rd.
Fort Valley, GA 31030
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Commercial/Industrial
Building Permit
Application

- Building Shell**
- Interior Buildout**
- Alteration/ Addition**

Date: ____ / ____ / ____ **Permit No.** _____

Estimated Cost of Construction (Labor and Materials): \$ _____

JOB SITE ADDRESS: _____ **Lot/Suite #:** _____ **PROJECT NAME:** _____

Use Classification: _____ Map and Parcel #: _____ Zoning District: _____

Description of Work : _____

Property Owner	Name: _____	Phone: _____
		Email: _____
	Address: _____	State: _____
		Zip: _____

General Contractor	Name: _____	Phone: _____
	GA License Number: _____	Email: _____
	Address: _____	State: _____
		Zip: _____

Building Height: _____	Total Occupancy: _____ persons	Contact Person: _____
Building Area: _____	Sprinklered: <input type="checkbox"/> yes <input type="checkbox"/> no	Phone: _____
Flood Zone: <input type="checkbox"/> yes <input type="checkbox"/> no	Fire Alarm: <input type="checkbox"/> yes <input type="checkbox"/> no	Email: _____

Total Heated Sq. Ft.: _____ Total Unheated Sq. Ft.: _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.

Signature of Applicant : _____ Date: _____

FOR OFFICE USE ONLY

Code Official Signature: _____

Construction Type: _____ Occupancy: _____ LDP Required: yes no

	Sq. Footage	Valuation Multiplier	Valuation \$	
Heated				
Unheated				
TOTAL				

Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____