

CITY OF CEDARTOWN

201 East Avenue
Cedartown, Georgia 30125
Telephone (770)-748-3220 ♦ Fax (770) 748-8962

Building Inspection Department
APPLICATION FOR: NONRESIDENTIAL BUILDING PERMIT

DATE: _____

PROJECT NAME: _____ PROJECT ADDRESS: _____

OWNER: _____ ARCHITECT: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

OCCUPANCY CLASSIFICATION: _____

CONSTRUCTION TYPE: _____

BUILDING DIMENSIONS (OVERALL): _____ X _____

BUILDING SIZE: _____ s.f.

SIGNATURE _____

INFORMATION BELOW THIS LINE TO BE FILLED IN BY BUILDING DEPARTMENT:

ZONING VERIFICATION: _____

PROJECT APPROVAL: _____

DEVELOPMENT *PERMIT* REQUIRED: _____

ON-SITE SEWAGE DISPOSAL PERMIT
OR SEWER CUT-IN RECEIPT: NUM. _____

PRIVATE WATER VERIFICATION OR
WATER METER RECEIPT: NUM. _____

NUMBER OF COMPLETE SETS OF
CONSTRUCTION DOCUMENTS: _____

FLOOD *PLAIN*: _____

PLAN APPROVALS:

DEVELOPMENT PLANS

EROSION AND SEDIMENT CONTROL PLANS: _____

GEORGIA SOIL AND WATER CONSERVATION CERTIFICATION NUMBER: _____

GRADING PLANS: _____

STORMWATER MANAGEMENT PLANS: _____

STREET IMPROVEMENT PLANS: _____

BUFFER LANDSCAPING TREE CONSERVATION PLANS: _____

PUBLIC UTILITY PLANS: _____

BUILDING PLANS:

BUILDING DEPARTMENT REVIEW: _____

FIRE MARSHALL REVIEW: _____

STATE FIRE MARSHALL REVIEW: _____

HEALTH DEPARTMENT REVIEW: _____

VERIFICATION OF BUSINESS LICENSE: _____

COMMENTS: _____