

BUILDING PERMIT APPLICATION
 COMMERCIAL **RESIDENTIAL**

✧ Submit your application via the customer service portal at eTRAC.savannahga.gov. ✧
 ✧ Contact Development Services at (912)651-6510 for assistance. ✧
 ✧ You may also submit your Building Permit Application in person at 20 Interchange Dr. (31415). ✧

Project Site

Project/Business Name: _____ PIN: _____
 Project Address: _____

Contacts

Property Owner: _____ Email: _____
 Address: _____ City, State, Zip: _____ Phone: _____

Who will be responsible for this work? Property Owner Tenant Authorized Agent Contractor
 Name: _____ Email: _____
 Address: _____ City, State, Zip: _____ Phone: _____

Who do we contact for design explanations? Property Owner Contractor Design Professional
 Name: _____ Phone: _____ Email: _____

Class of Work

New Addition Renovation/Repair Shell Build Out Manufactured/Modular
 Master Plan: Number _____ Other Building Related (Example: barn, shed, roofing, siding, porch/deck, windows)
 Other Non-Building Related (Example: swimming pool) NOTE: For demolition, sign, or fence, fill out separate application.

Proposed Use or Activity for this Permit

COMMERCIAL:	<input type="checkbox"/> Barber Shop/Salon	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Parking Garage	RESIDENTIAL:
<input type="checkbox"/> Amusement/Recreational	<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile/Retail	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Single Family
<input type="checkbox"/> Antenna/Tower	<input type="checkbox"/> Factory/Industrial	<input type="checkbox"/> Multi-family (3+ units)	<input type="checkbox"/> Shell	<input type="checkbox"/> Duplex
<input type="checkbox"/> Assembly/Church	<input type="checkbox"/> Hospital/Institutional	<input type="checkbox"/> Office/Professional	<input type="checkbox"/> Storage	<input type="checkbox"/> Townhouse
				<input type="checkbox"/> Garage/Carport

Current/Prior Use or Previous Business Name at this location: Same Other: _____

Description of Work

Complete Description of Work: _____
 _____ Building Square Footage: _____ # Stories: _____
 Primary Structure Accessory Structure – Attached Accessory Structure – Detached
Work to include: Electrical Plumbing Mechanical/HVAC Low Voltage Sprinkler/Fire Alarm
 Are **Special Inspections** required for this project? Yes No If yes, who will be responsible for this work? _____
 Is this a Property Maintenance Violation or Warning? Yes No If Yes, attach write-up from Property Maintenance Dept. _____

VALUATION OF JOB: (**COMMERCIAL:** Estimate \$125 per SF for labor, materials & profit)
 \$ _____ (**RESIDENTIAL:** Estimate \$80 per SF for labor, materials & profit)

General Contractor Information

Name: _____ License #: _____ Expiration Date: _____

Address: _____ City, State, Zip _____

Phone: _____ Email: _____

Georgia Licensed Subcontractors to Work on Project

Electrical _____ Phone: _____

Plumbing _____ Phone: _____

Mechanical/HVAC _____ Phone: _____

Low Voltage _____ Phone: _____

Design Considerations

Water Service: City of Savannah Private Well Other: _____ Location & Size of Water Main: _____

Sewer Service: City of Savannah Septic Tank Other: _____ Location & Depth of Sewer Main: _____

Is property in a designated wetland? Yes No If yes, attach copy of engineer's letter.

The property is in Flood Zone _____ If the structure is located in a Special Flood Hazard Area (SFHA), there may be additional requirements that must be met. Contact the City's Floodplain Administrator at (912) 651-6510 for more information.

How many existing electrical meters?: _____ How many additional new meters?: _____

Is this project in a historic district? Yes No If Yes, is exterior work being performed? Yes No

If Yes, has a Certificate of Appropriateness (COA) been issued? Yes No

If Yes, plans must be stamped by the Historic Preservation Officer and a copy of the COA must be provided.

*If No, contact the **Historic Preservation Office** at (912)651-1440.*

Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

I hereby certify that I have verified access to city water and sewer services for this property. Any necessary connection and requirements for service have been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review.

I understand there may be water and sewer impact fees that must be paid prior to the completion of this project.

Printed Name of Applicant (Not Company Name)

Signature of Applicant

Date

Note: For permit fee information, contact Development Services, view the City's Revenue Ordinance, or visit www.savannahga.gov and view the Building Permit Fees document. Fees can be paid by check or money order (no cash), or they can be paid online through eTRAC.

✧ Note: For **Commercial Building Renovations**, submit signed and approval "**Water & Sewer Approval Form**", unless a Site Development Permit is required for the project. ✧

FOR OFFICE USE ONLY

No Plans Submitted: _____ Zoning District: _____ Zoning Use: _____

Constr. Type: _____ Report Code: _____ Occupancy Type: _____

Flood Zone: X A AE VE LOMA: _____ COA Approved: _____

Firm Map #13051C- _____ -F BFE Cert. Needed: Yes No

Contractor Validation: Yes No Homeowners Affidavit: Yes No

Plan Review Fees: Total: \$ _____

Paid: \$ _____ Bal.: \$ _____ Chk/MO#: _____

Permit Fees: Total: \$ _____

Paid: \$ _____ Bal.: \$ _____

Chk/MO#: _____ Notes: _____

Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____