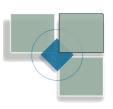


DeKalb County Department of Planning & Sustainability



Peer Reviewer Application Form

Last Name:	First Name:	MI:	
Peer Review Provider:			
Street:		Suite:	
City:	State:	Zip:	
Telephone:	Fax:		
Email:			
		Architect P.E. Expiration Date: py of your state certificate with this application form)	
Peer Reviewer Number: (For Peer Reviewers seeking additional approved disciplines)			
Check each discipline below for which describe your level of experience and a			e selected, briefly
Structural Building:			-
Non-Structural Building:			-
Fire and Life Safety:			
Accessibility:			-
Fire Protection Systems:			-
Reviewer Signature		Date	
Would you prefer to receive your Peer	Reviewer Number by Ema	il 🗌 Mail	
Attach a copy of your state architect o Review Policy Manual	r P.E. certificate and proof of in	nsurance requirement satisfaction, p	oursuant to the Peer
Complete and mail this form, or subm	it in person to:		
Expedited Commercial Plan Review P 330 West Ponce de Leon Avenue Decatur, GA 30030 Suite 200	rogram	For County Use Only Peer Reviewer Number: Date Issued:	
Duite 200		Date Issued.	

Or email to expeditedplans@dekalbcountyga.gov