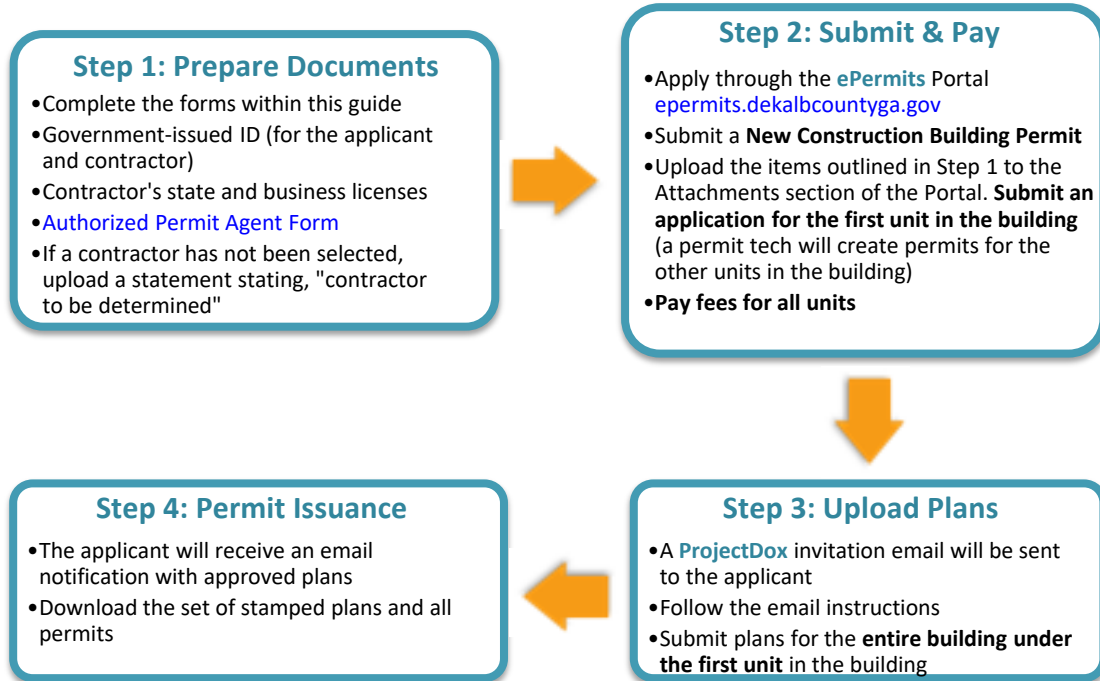


New Construction Townhome Permitting Guide



PROJECT DETAILS

Street Name										Building #										LDP #									
#	Unit Number	Lot Number	Heated Space	Finished Basement	Unfinished Basement	Garage	Porch	Deck	Other: Specify_____																				
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													

Reference permit number(s) for previously approved plans associated with this project _____

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Cedric Hudson

Permit Application Signature Form

PROJECT	Project Name					
	Street Name				City	
WRITE-IN NAMES EXACTLY AS SHOWN ON THE GOVERNMENT-ISSUED IDENTIFICATION (INCLUDE IDENTIFICATION FOR EACH PERSON LISTED ON THIS APPLICATION)						
PROPERTY OWNER CONTACT	Name			Company Name		
	Address			City	State	Zip
	Email			Mobile		
	Additional Owner			Additional Owner's Mobile		
	Additional Owner's Address			Additional Owner's Email		
SIGN	Signature _____			Date _____		
APPLICANT CONTACT	Relationship to Project: <input type="checkbox"/> Property Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Agent <input type="checkbox"/> Design Professional					
	Name			Company Name		
	Address			City	State	Zip
	Email			Mobile		
	Additional Applicant			Additional Applicant's Mobile		
	Additional Applicant's Address			Additional Applicant's Email		
				City	State	Zip
SIGN	<p>I, _____ do solemnly swear that the information on this application is true and that no false or misleading statement is submitted herein to obtain a Building Permit or Certificate of Occupancy. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of any Building Permit or Certificate of Occupancy issued as a result of this application. I understand that I must comply with all County ordinances and regulations. I hereby agree to provide any clearance(s) and/or inspection report(s) required before the issuance of a Permit or Certificate of Occupancy.</p> <p>I further agree that I shall be responsible from the date of this permit, or from the time of the beginning of the first work, whichever shall be earlier, for all injury or damage of any kind resulting from this work, whether from basic services or additional services to persons or property. I agree to exonerate, indemnify and save harmless the County from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation, and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with any work performed under the Building Permit issued as a result of this application.</p> <p>Signature _____ Date _____</p>					

ENVIRONMENTAL REQUIREMENTS FOR BUILDING PERMITS

All environmental compliance best management practice measures must be in place and be maintained in proper function throughout the development process through certificate of occupancy.

1. Erosion control measures shall be adequate to protect saved trees on site, state waters, intermediate regional floodplain, drainage systems, required buffers, and adjacent properties, including county or state right-of- ways. ALL EROSION CONTROL MEASURES ARE TO BE INSTALLED AND MAINTAINED AT ALL TIMES UNTIL FINAL LANDSCAPING.
2. All required buffers and floodplains shall be clearly demarcated using sediment barriers and/or tree protection fencing. All state waters, buffers, and floodplains shall have a double row of type "S" silt fence along entire limits. No encroachment is permitted in regulated floodplain or stream buffers without prior approval.
3. Tree protection fencing will be installed prior to any land disturbing activities, and maintained until final landscaping. No parking, storage, or other construction activities to occur within tree protection areas. Removal or damaged trees designated as save will result in a court summons and will require recompense with 4-inch caliper trees (number to be determined per incident).
4. Tree protection fence will be installed in such a way to adequately protect the critical root zone of all saved trees. Critical root zone means an area of root space that is within a circle circumscribed around the trunk of a healthy tree using a radius of one (1) foot per once (1) of a DBH. Exceptions to strict adherence may be made with prior approval from Environmental Plans Review & Inspections.
5. Prior issuance of the Certificate of Occupancy (CO), all disturbed areas will have a minimum of 90 % vegetative cover using sod or other approved landscape materials. Coverage will be determined by viewing any square yard on site.
6. Site is to comply with the requirements of the tree ordinance. Call (404) 371-4913 for the Environmental Development Inspector at least 72 hours prior to requesting a Certificate of Occupancy.
7. No finished grade on the lot shall exceed 3:1 slope residential or 2:1 for non-residential construction without prior approval.
8. No trash, building debris, or construction waste will be buried on any building site.

I acknowledge that I have received and will comply with the requirements listed above, or a court summons and/or a stop work order can be issued.

SIGNATURE _____ DATE _____

PRINTED NAME _____

SITE ADDRESSES _____

Chief Executive Officer
Lorraine Cochran-Johnson

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Energy Checklist for Compliance

2015 International Energy Conservation Code with Georgia State Supplements and Amendments

Notice: This form shall be completed, signed and submitted to the Permits Section at the time building permit is requested from DeKalb County and a copy must be available at the job site for the inspector's review.

Installation shall be per this submitted form.

Building Permit Number: _____ Date: _____ Subdivision: _____
Lot: _____ Block: _____ Job Addresses: _____
General Contractor/Builder: _____

I do certify that the above permitted structure shall be built in accordance with the minimum requirements of the 2015 International Energy Conservation Code with the Georgia State Supplements and Amendments using the following.

Ceilings

- Access to Attic Area (Min R-3) List R-Value: _____
- Flat Ceiling Insulation List R-Value: _____
- Sloped Ceiling Insulation List R-Value: _____

Walls

- Cavity Insulation (Batt or Blown-in) List R-Value: _____
- Insulated Sheathing (Leave blank for OSB, Plywood, Etc.) List R-Value: _____
- Attic Knee wall Insulation (Air Barrier on Attic Side, Minimum R-18) List R-Value: _____

Fenestration

- Window U-Factor (from Label) List U-Factor: _____
- Window SHGC (from Label, Max 0.40) List U-Factor: _____
- Skylight U-Factor (from Label) List U-Factor: _____
- Skylight SHGC (from Label, Max 0.40) List U-Factor: _____
- Door U-Factor) List U-Factor: _____

Foundations

- Floor Insulation List R-Value: _____
- Basement Wall Insulation List R-Value: _____
- Mass Wall Insulation (Minimum R-5) List R-Value: _____

Heating /Cooling Efficiency

- Gas or Propane Furnace (Minimum 78% AFUE) List AFUE: _____
- Heat Pump (Minimum 7.7 HSPF) List HSPF: _____
- Air Conditioner (Minimum 13 SEER) List SEER: _____
- Other System(s) (e.g., Fuel Oil) List Type: _____

List Efficiency

- Duct Insulation List R-Value: _____
- Ducts Sealed with Mastic or Code Approved Tape List Sealant Method: _____

FOUNDATION LOCATION CERTIFICATE

I, _____, a licensed
builder in DeKalb County hereby certify that no part of the building or
accessory structure constructed at:

Street Addresses _____

Lot/Block _____

Subdivision _____

I shall not encroach into any recorded easement.

Date _____

Signature _____

Business License No. _____

**ALL RECORDED EASEMENTS MUST BE CLEARLY IDENTIFIED ON THE LOT AT THE
TIME OF THE FOOTING INSPECTION.**



FOR COUNTY USE ONLY:

AP#: _____

NO: _____

DEKALB COUNTY
APPLICATION FOR WATER METER INSTALLATION

178 SAMS ST, DECATUR, GEORGIA 30030
TELEPHONE: (770) 414-2382

COMPLETE ONE FORM PER UNIT

DATE: _____

ZONE / BOOK / PAGE

SERVICE ADDRESS: _____ STREET CONDITION: _____

LOT# _____ DIST _____ LL _____ BLK _____ PAR _____

NAME OF SUBDIVISION: _____

CITY: _____ ZIP: _____

NEAREST INTERSECTING STREETS: _____

METER USE: _____ PROPERTY ON: _____ METER SIZE: _____ # OF UNITS, OFFICES, STORIES,
APTS. SERVED BY METER _____

PURCHASER INFORMATION:

NAME: _____

OWNER: _____ CONTRACTOR: _____ PHONE: _____

BILLING INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP _____

Provide written location of meter stub: _____
Note: Upon receipt of your RED meter card, attach it to a stake in your yard for clear identification of meter placement.)

Please be advised that all Irrigation Water Meters (Residential & Commercial) are required to have a Backflow Preventer installed and tested within 60 days of installation. All Backflow Preventers must be inspected annually for proper working order. For more information visit our website at <https://www.dekalbcountyga.gov/watershed-management/backflow-prevention-information>

CUSTOMER SIGNATURE: _____ DATE: _____

SEWER CONNECTION PERMIT APPLICATION

APPROVAL AND ISSUANCE OF THIS PERMIT AUTHORIZES ONLY THE APPLICANT'S RIGHT TO CONNECT TO THE DEKALB COUNTY SEWER SYSTEM AT THEIR OWN EXPENSE. A PLUMBING PERMIT SHALL BE REQUIRED BY A LICENSED SEWER/PLUMBING CONTRACTOR PRIOR TO INSTALLATION OF THE PRIVATE SEWER LINE CONNECTION. THERE IS NO GUARANTEE OF A STUB ON THE LINE.

CUSTOMER SECTION

Application Date: _____ Sewer Connection Number: _____

Address of Sewer Connection: _____

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Map Reference Number: DIST: _____ LL: _____ BLK: _____ PARCEL: _____

Sewer/Plumbing Contractor: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____

NOTE: COMPLETE ONE FORM PER UNIT

DEPARTMENT USE ONLY

_____ New Building

_____ Conversion

_____ Additional Charge

_____ Assembly

_____ Medical Care

_____ Manufacturing

_____ Retail

_____ Retire/Nurse Home

_____ Warehouse

_____ Food/Beverage

_____ Personal Service

_____ SF Attached

_____ Laundry/Dry Clean

_____ Comm. Recreation

_____ SF Detached

_____ Auto Care/Repair

_____ Other _____

_____ Multi-Family

No. of Units _____

If Personal Service/Beauty Salon/Barber Shop: No. of Shampoo Bowls _____

No. of Stations _____

Is Connection Available: (please check one) Yes _____ No _____

Floor Area: _____ GPD: _____ Seating Capacity: _____

_____ NE Creek

_____ Ball Mill Creek

_____ Other

Sewer Connection Fee: _____



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/plb

Authorized Permit Agent Form (ONE FORM PER PERMIT)

This form may be used by a qualifying agent to designate an individual to obtain a permit on his/her behalf for a project for the qualifying company. The contractor should submit an original Authorized Permit Agent Form for each project for which he/she has designated an individual to pull permits. This designated individual shall further be identified as the authorized permit agent. This notarized form with an **ORIGINAL SIGNATURE** (no copies or faxes accepted), a copy of the contractor's license, a copy of the contractor's company license, and a copy of the driver's license of the authorized permit agent is to be given to the permit office in the city or county in which the project is located. **DO NOT SEND A COPY OF THIS FORM TO THE BOARD OFFICE UNLESS REQUESTED.**

License verification by permitting office should be completed by visiting <http://verify.sos.ga.gov/verification>

Name of Qualifying Agent:	
Contractor License # (Attach a copy of license.)	
Name of Licensed Company:	
Company License # (Attach a copy of license.)	
Name of Authorized Permit Agent: (Attach a copy of driver's license.)	

PROJECT (an original form is required for each project):

Company listed on contract:	
Property Owner's Name:	
Street Address:	
Apartment or Suite #	
City, State, Zip:	

I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) for the project listed above. The undersigned, being licensed as a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Original Signature of Qualifying Agent (no copies or faxes accepted)

State of _____ County of _____

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires:

Review Checklist

Submit the information below in the ePlans submittal

GENERAL

	Write in the true owner (individual or entity) of the property. If the property has been sold recently, the Geographical Information Systems (G.I.S.) Department must update this information with a recorded or unrecorded deed. Phone: (404) 371-2257 Email: GIS@dekalbcountyga.gov
	General Contractors are required for new development projects pursuant to State Law 43-41 implemented July 1, 2008 under the authority of the State of Georgia Secretary of State Office. General Contractors have the following designations: RBC, RBI, RBQ, RLC, RLI, RLQ, GCC, GCI or GCQ
	Development within Overlay Districts must comply with the overlay regulations found in Section 27-3
	Click here for file naming convention requirements
	Site plan
	Location plan
	Floor plan (label each space)
	Roof plan
	Foundation plan
	Mechanical, electrical, and plumbing plans

CIVIL

***Indicates information that should be contained in the general notes section of the site plan**

	Proposed finished floor elevation(s) (including front door threshold). Reference to Mean Sea Level (M.S.L.)
	Note case number for any rezoning and rezoning conditions, special use or variances on the site that relate to proposed development. Depict any conditions associated with the property on the site plan
	Indicate whether the lot is in an INFILL OVERLAY or OVERLAY district next to the name of the Subdivision or lot number
	Include the approved, or to be approved, civil site, grading, utility, and erosion plan sheets with details and notes showing DeKalb County floodplain boundaries with elevations to the nearest tenth of a foot, stream buffers, and any other environmentally sensitive areas close to the specific work area
	Check the DeKalb County Parcel Viewer for floodplain features in the work area before submitting: https://arcg.is/14LLPn
	Total square footage of the lot must be shown on the site plan/survey
	Provide a breakdown of the lot coverage calculations by square footage and percentage (including but not limited to buildings, driveways, decks, porches, etc.)
	Show the square footage of any accessory structures (existing or proposed). New accessory structures require a separate permit per Sections 7-30. Additionally, accessory structures height may not exceed 24 feet or the height of the existing principal structure, whichever is less, and shall comply with the requirements of the respective residential district and Section 27-4.2.1.
	Show existing easements and utilities
	The average front setback is derived on adjacent lots on the same block face per Section 27-5.2.1 (c)
	Show the minimum lot standards required for the zoning districts in notes section
	Show sewer mains and sewer tap locations for the site. Indicate whether existing or proposed. If sewer main does not exist, please provide approval of a septic tank permit from the Health Department
	Show sidewalk and drive-way locations including the width length, and slope of the drive-way as approved on

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	the final plat
	Engineer (civil) and/or Land Surveyor's stamp, signature and date on the site plan along with 24-hour contact information
	Submit a copy of the approved Site Plan (reference the Land Disturbance Permit)

ARCHITECTURAL

	Elevations of the entire building, including building height
	Basement finishes require a simple floor plan identifying the rooms (i.e., bedroom, bathroom, recreation room & etc.)
COVER SHEET	
	Name of project
	Project address (include building and unit number) Can we add the permit numbers for each unit on this sheet?
	Scope of Work Narrative
	State of Georgia Registered Architect/Engineer/Design Professional Signed, Sealed and Dated Stamp with registration number on the sheets required to have on (see requirements in the Registered Architect/Engineer section O.C.G.A. Title 43
	Occupancy Classification per NFPA 101 Life Safety Code (LSC), Chapter 6
	Occupancy Classification per International Building Code (IBC), Chapter 3
	Unit's Fire-Rated Wall Separation, that shall include the laboratory tested assemblies used for the fire wall. Show fire-resistance ratings on the plans, section, and details (refer to IBC section 706 "Fire Walls")
	Type of Construction
	If an automatic sprinkler system is provided, and whether the sprinkler system is required. Any automatic sprinkler and fire alarm systems shall be permitted separated from the building
	Allowable Building Area and Height, Proposed Building Area and Height, or if existing, actual building area and height, IBC Chapter 5
	Calculations for Area Modifications, if applicable, IBC Chapter 5
	Submit a complete set of drawings
	<p>List the following codes and editions:</p> <ul style="list-style-type: none"> International Building Code (IBC)- 2018 edition with Georgia Amendments National Electric Code (NEC) - 2020 edition International Fuel Gas Code (IFGC) - 2018 edition with Georgia Amendments International Mechanical Code (IMC) - 2018 edition with Georgia Amendments International Plumbing Code (IPC) - 2018 edition with Georgia Amendments International Energy Conservation Code (IECC) - 2015 edition with Supplements and Georgia Amendments International Residential Code (IRC) - 2018 edition with Georgia Amendments International Fire Code (IFC) - 2018 edition with Georgia Fire Marshal Amendments International Swimming Pool and Spa Code, 2018 Edition, with Georgia Amendments) Georgia Accessibility Code - GAC 120-3-20 - 1997 edition – Link to State ADA https://ada.georgia.gov/helpful-resources/georgia-accessibility-code U.S. Department of Justice A.D.A. Standards for Accessible Design (ADA) - 2010 edition - Link to USAB https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/ada-standards

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- | |
|---|
| <ul style="list-style-type: none">○ National Fire Protection Association 101 Life Safety Code (LSC) - 2018 Edition○ Chapter 120-3-3 Rules and Regulations for the State Minimum Fire Standards in Georgia Link to Rules and Regulations: https://www.oci.ga.gov/firemarshal/Rules%20and%20Regulations.aspx○ Link to Georgia Amendments: https://www.dca.ga.gov/local-government-assistance/construction-codes-industrialized-buildings/construction-codes |
|---|

For more information, you may contact the Department of Planning & Sustainability at (404) 371-2155, or email:
Zoning: plansustain@dekalbcountyga.gov; Plans Review: permitinfo@dekalbcountyga.gov