



FOR OFFICE USE ONLY
Submittal Date: _____
Permit #: _____

PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

2757 East Point Street, East Point, GA 30344
Phone: (404) 270-7212 Fax: (404) 270-2784

SUBMITTAL FORM
FEES ARE NON-REFUNDABLE

PROJECT ADDRESS

Address: _____

APPLICANT

Architect/Engineer Contractor Homeowner Other: _____

Name: _____ Phone: _____

Company Name: _____ Fax: _____

Address: _____ Suite: _____ E-mail: _____

City: _____ State: _____ Zip: _____

PROPERTY OWNER

Name: _____ Phone: _____

Company Name: _____ Fax: _____

Address: _____ Suite: _____ E-mail: _____

City: _____ State: _____ Zip: _____

PROJECT DETAILS Commercial Residential **ESTIMATED VALUE \$** _____

Description of work: _____

PLAN REVIEW I will attend I will not attend

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Review Date: _____ Time: _____ Review #: _____ Initials: _____

This application is not a permit until fees are received and site plans are approved. Any work prior to permit issuance is prohibited.	Accepted forms of payment: Cash, Credit Card, ATM Card, Cashier's Check, Business Check or Money Order. Fees are non-refundable.
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