

FOR OFFICE USE ONLY			
Submittal Date:	Permit #:	Issued Date:	Initials:

PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

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

This application is **not** a permit until fees are received, plans have been approved (if applicable) and permit has been issued. Any work prior to permit issuance is prohibited.

Submittal Requirements			
Permit Documents		Homeowner Documents	Contractor Documents
1. Permit Application 2. Permit Fees (FEES ARE NON-REFUNDABLE) 3. For Submitting Drawings: One (1) hardcopy copy of plans (min. 11"x17" paper) and one (1) digital copy of plans (pdf format) that include 1) a site plan showing the proposed work with all dimensions and its setback distance from property lines and 2) construction details. Site Plan: Fulton County Board of Assessors	+	1. Government Issued I.D. 2. Homeowners Affidavit 3. Proof of Homeownership: * Homeowner's Insurance Policy * Deed or Property Tax Bill if Insurance can't be provided. 4. East Point Authorized Agent Form (if representing Homeowner)	OR

JOB ADDRESS: _____	LOT/ UNIT #: _____
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Property Owner Information (All contact information REQUIRED)	Contractor / Company Information (All contact information REQUIRED)
Name:	Company Name:
Address:	Owner Name:
City: State: Zip:	BL #: State Card:# <input type="checkbox"/> Not a Contractor, Specialty Trade: _____(Description)
Phone:	Address:
Email:	City: State: Zip:
Property: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	Phone:
Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing	Email:

Scope: <input type="checkbox"/> Rehab / Renovation <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Build Out <input type="checkbox"/> Shell Build Only Occupancy: <input type="checkbox"/> Single Family – Attached <input type="checkbox"/> Single Family – Detached <input type="checkbox"/> Multifamily <input type="checkbox"/> Business Information: Sq Footage _____ Acres _____ Bldgs _____ Units _____ Rooms _____ Baths _____ Bed _____ Parking _____ Setbacks: Front _____ Rear _____ Side _____	Description: _____ _____ _____ _____ _____ Value of Job \$ _____
Signature THIS IS TO CERTIFY THAT I WILL PERSONALLY SUPERVISE THIS INSTALLATION	
_____ Signature Print Name <input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor / Specialty Trade	

Acceptable Forms of Payment: Cash / Credit Card /ATM Card / Cashier's Check / Business Checks or Money Order * NO Personal Checks Make Checks PAYABLE TO: THE CITY OF EAST POINT	TOTAL ALL FEES	
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To Be Signed by Applicant at time of Issuance: Date: _____ Print: _____ Sign: _____