



CERTIFICATE OF COMPLETION (CC)
 Commercial Residential

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

PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

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

Submittal Requirements:

ORIGINAL FORM REQUIRED – Original Signatures with Wet Seal – No Copies or Faxes will be accepted

1. All finals must be approved before issuance of Certificate.
2. This application is void for further consideration after sixty (60) days from submittal date if final approval and issuance of Certificate of Completion has not been accomplished.
3. Accepted forms of payment: Cash, Credit Card, ATM Card, Cashier's Check, Business Check or Money Order.
Fees are non-refundable and Permit is non-transferable.

Project Address Information

Address: _____

Subdivision: _____ Project Permit #: _____

Project Type: Demo Addition Remodel Build Out Shell Other: _____

Building Height (# of Floors) _____ Square Footage of Project _____

Applicant Information

Designation: Contractor Agent Homeowner Owner Other _____

Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____
 (Applicant's)

This notarized Certificate of Completion Application certifies that to the best of my knowledge, the information provided herein is true and accurate. I understand that failure to provide accurate information will result in the revocation of the certificate of occupancy related to this project.

_____	_____	_____	_____	_____
Applicant Signature	Date	Notary Signature	Commission Expires	(Seal)

SECTION TO BE COMPLETED BY CITY OF EAST POINT

Remarks and Restrictions: _____ Zoning _____

Permits _____ Date _____ Zoning _____ Date _____

To Be Signed by Applicant at Time of Issuance:

Date: _____ Print: _____ Signature: _____