## PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

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

This application is not a permit until fees are received and drawings/plans (if applicable) are approved. Any work prior to permit issuance is prohibited. Permits are non-transferable and Fees are Non-Refundable! All permit applications are to be completed and submitted through the BS&A Online Permitting Portal:

https://bsaonline.com/?uid=2757

Unit/Suite/Apt#:

□ Re	sidential	Commercial

Select All that Apply:

A. 

Driveway

PROJECT ADDRESS:

- a. □ w/ Apron Repair
- B. 

  Parking Pad
- C. ☐ Patio (Paved)
- D. 

  Walkway
- E. 

  Other

Project Description / Full Scope:
(Required):

ESTIMATED VALUE (Required): (Total Value of Job)

\$ \_\_\_\_\_

## Information

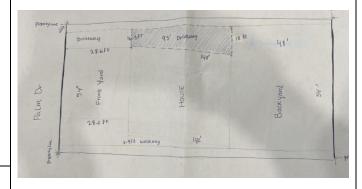
This permit requires a 5-business plan review! (See Plan Review Process)

Submit with application a site plan showing:

- 1) street
- 2) orientation of house or structure
- 3) location of existing and/or new paved area
- 4) if affecting the apron, submit Fulton County specifications
- 5) If concrete is being poured, indicate grade of concrete or material being used.
- 6) the site plan should include property lines, dimensions of driveway or affected area and setbacks from property line.

(see sample below)

Parcel:



## What's Next:

- 1. <u>Setup Online Account</u>
- 2. <u>Submit application and</u> drawings via BS&A Portal.



Permit Online Submittal Portal

3. After payment of invoice, plan review will start (See Plan Review Process.)

application informatic



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Who is the PERMIT HOLDER – the person respons (Reference the "Who Can Pull a Perr			this permit:	
<ul> <li>Homeowner / Property Owner</li> <li>Tax Bill and/or Deed filed with County Required</li> <li>Stated Issued ID Required</li> </ul>	ractor (if To Be Determined please check   )  It Business License Required  of State Certification (if applicable) Required  Issued ID Required			
The signature below is a binding statement that the permit he address and that the Property Owner is aware of, agrees wit i				
Signature of Permit Holder (or agent):		Date:		
Who is submitt □ Property Owner □ Contractor □ Desiç □ Agent fo		er / Architect 🛛 Permit Exp	editor	
AGENT FOR PERMIT HOLDER: (All Contact			required!)	
Name:		Phone:		
Address (Physical / No PO Boxes):				
City:		State:	Zip:	
Email:	- 1			
PROPERTY OWNER: (REQUIRED – APPLICATION OWNER'S I	ON WILL NO		T PROPERTY	
Name:		Phone:		
Address (Physical / No PO Boxes):				
City:		State:	Zip:	
Email:				
CONTRACTOR: (All Contact Information Re If contractor is to be determined, an 'ASSIGNING' must be submitted with updated informat	CONTRACT	OR TO PERMIT AFTER SU	BMISSION' form	
☐State Certified Contractor	(Dantas Cas	☐Specialty Trade		
(Roofer, Co		oncrete, Siding, Sheetrock, Fence, Windows, etc)  Phone:		
Company Name:		Phone (Company):		
Address (Physical / No PO Boxes):				
City:		State:	Zip:	
Email:	L			
Business License #:	State Card # (if applicable):			
DESIGNER / ENGINEER / ARCHITE			):	
☐ Designer ☐ Engineer ☐ Architect		Phone:		
Company Name:		Phone (Company):		
Address:				
City:		State:	Zip:	
Email:	<u></u>		<del></del>	