



## City of Social Circle Fire Department

165 E. Hightower Trail (Main Office)

P.O. Box 310 (Mail)

Social Circle, GA 30025

(770) 464-0621

Fire Chief: Kenneth Zaydel

### Commercial / Industrial Permit Application

*This Section for Office Use Only*

APPLICATION RECEIVED ON: _____	RESPONSE DEADLINE: _____
APPLICATION RECEIVED BY: _____	EFFECTIVE DATE: _____
REFERENCE NUMBER: _____	EXPIRATION DATE: _____
PERMIT NUMBER: _____	ASSIGNED TO: _____

**TO APPLICANT: ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY WITH ASSOCIATED DOCUMENTS INCLUDED IN ORDER TO BE ACCEPTED AND PROCESSED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**PROJECT NAME:** \_\_\_\_\_

SPECIFIC PERMIT REQUEST TYPE:	
Commercial Stand Alone (new building)	Industrial Stand Alone (new building)
Commercial Build-out (from shell)	Industrial Build-out (from shell)
Commercial Addition	Industrial Addition
Commercial Remodel	Industrial Remodel
Commercial Permit Renewal	Industrial Permit Renewal
Commercial Change of Occupancy Classification	Industrial Change of Occupancy Classification
Change Tenant / Same Use	

PROPERTY INFORMATION	
Business Name	
Street Number & Name	
City, State, Zip Code	
Business Phone #	

PROPERTY OWNER INFORMATION	
Name	
Street Number & Name	
City, State, Zip Code	
Phone #	
Email (required)	

PRIMARY OCCUPANCY INFORMATION	
Name	
Street Number & Name	
City, State, Zip Code	
Phone # (24 hour required)	
Email (required)	
Relationship (i.e., manager, owner, supervisor, etc.)	

SECONDARY OCCUPANCY INFORMATION	
Name	
Street Number & Name	
City, State, Zip Code	
Phone # (24 hr required)	
Email (required)	
Relationship (i.e., manager, owner, supervisor, etc.)	

CONTRACTOR INFORMATION	
Company Name	
Street Number & Name	
City, State, Zip Code	
Phone Number (required)	
Email (required)	
State Certification Type	
State Certification #	
Expiration Date	
Project Manager Name	
Project Manager Phone #	
<i>All Contractors Must Provide a Copy of State Contractor's Business License</i>	

CONTACT RESPONSIBLE FOR ANY APPLICABLE INVOICING FROM ABOVE			
Property Owner	Occupant Contact 1	Occupant Contact 2	Contractor
<b>BILLING INFORMATION (only if different from one of the above):</b>			
Street Number & Name			
City, State, Zip Code			
Phone # (required)			
Email (required)			

OCCUPANCY CLASSIFICATION AND GROUP (check all that apply)					
Assembly	A-1	A-2	A-3	A-4	A-5
Business	B				
Mercantile	M				
Educational	E				
Factory-Industrial	F-1	F-2			
Residential	R-1	R-2		R-4	
High Hazard	H-1	H-1			H-5
Institutional	I-1	I-1		I-4	
Storage	S-1	S-2			
Utility & Miscellaneous	U				

LIFE SAFETY CODE OCCUPANCY CLASSIFICATIONS (check all that apply)			
Ambulatory Health	Business	Healthcare	Mercantile
Apartment Buildings	Day Care	Hotels & Dormitories	Residential Board & Care
Assembly	Detention & Correctional	Industrial	Storage
	Educational	Lodging & Rooming Houses	

**BUILDING INFORMATION**

**Building Type (select only one)**

- |                      |                      |                 |
|----------------------|----------------------|-----------------|
| I-A Fire Restrictive | II-B Non-Combustible | IV Heavy Timber |
| I-B Fire Restrictive | III-A Ordinary       | V-A Wood Frame  |
| II-A Non-Combustible | III-B Ordinary       | V-B Wood Frame  |

Total Cost of Construction: \_\_\_\_\_ *(cost should be estimated to Fair Market Value)*

Structure will have:            Electrical                            HVAC                            Plumbing

Total Number of Buildings: \_\_\_\_\_

Total Number of Units: \_\_\_\_\_                            Total Number Units per Building: \_\_\_\_\_

Calculated Occupant Load: \_\_\_\_\_ *(must be calculated from 2018 NFPA 101)*

Number of Stories: \_\_\_\_\_                            Are you serving alcohol?    YES                            NO

**Building Dimensions (Foot Print):**

Ceiling Length **Feet/Inches:**                            Ceiling Width **Feet/Inches:**                            Ceiling Height **Feet/Inches:**

**Building Protected By:**

- |   |                                  |                         |                                 |
|---|----------------------------------|-------------------------|---------------------------------|
| Sprinkler System                            | Fire Alarm                       | Fire Pump               | Suppression Water Tank          |
| Private Water Main                          | Smoke Control or Exhaust Systems | Commercial Kitchen Hood | Wet Chemical Suppression System |
| Firewalls, Partitions, Curtains             |                                  |                         |                                 |
| Special Suppression System (explain): _____ |                                  | Other (explain): _____  |                                 |

**Type of Heating System (if applicable):**

- |           |           |             |
|-----------|-----------|-------------|
| Electric  | Heat Pump | Gas         |
| Dual Fuel | Solar     | Geo-thermal |

**Power:**

- |          |            |           |
|----------|------------|-----------|
| GA Power | Walton EMC | Solar Y/N |
|----------|------------|-----------|

**Water Supply:**

- |              |                      |                       |               |
|--------------|----------------------|-----------------------|---------------|
| Private Well | Private Water System | City of Social Circle | Walton County |
|--------------|----------------------|-----------------------|---------------|

**Exterior Wall Framing:**

Or Other (explain): \_\_\_\_\_

**Exterior Wall Finish:**

Or Other (explain): \_\_\_\_\_

**Interior Wall Framing:**

Or Other (explain): \_\_\_\_\_

**Interior Wall Finish:**

Or Other (explain): \_\_\_\_\_

**Roof Type:**

Or Other (explain): \_\_\_\_\_

**Roof Support:**

Or Other (explain): \_\_\_\_\_

**Roof Decking:**

Or Other (explain): \_\_\_\_\_

**Roof Covering:**

Or Other (explain): \_\_\_\_\_

**Solar Panels Present?**

YES

NO

**Floor Type:**

Or Other (explain): \_\_\_\_\_

**Flooring Material:**

Or Other (explain): \_\_\_\_\_

**Basement:**

NO

YES

If YES, what type? \_\_\_\_\_

*I certify that all answers are true and accurate to the best of my knowledge.*

**APPLICANT SIGNATURE:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_