



**COBB COUNTY
COMMUNITY DEVELOPMENT AGENCY | DEVELOPMENT & INSPECTIONS**

Commercial Permit Application Form

All applicable items must be completed before submittal to the Fire Marshal's Office. See page 2 for minimum plan requirements. INCORRECT, INVALID, OR INCOMPLETE INFORMATION MAY RESULT IN A STOP WORK ORDER AND ADDITIONAL FINES

Print date next to appropriate job type:

Site _____ Shell _____ New Bldg _____ New Tenant _____ Add (Int/New) _____ Remodel _____
 HB 493 Other _____ Apt. _____ F/S Townhouse _____ Condo _____ Fire Damage (R/C) _____

New Bldg. Outside Dimensions _____ Septic Sewer Parcel ID# _____

Arch/Designer _____ Phone _____

Person Responsible for Plans _____ Phone _____ Email _____

Job Site Contact _____ Phone _____ Email _____

Project Address _____ Suite _____

Job/Tenant Name _____

City _____ **City Limits** **Acworth** **Kennesaw** **Powder Springs** Zip _____

Complex Name _____

Property Owner's Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

General Contractor _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Building # _____ Stories in Building _____ Number of Buildings _____ Basement? Yes No

Construction Cost \$ _____ **Occupancy Type per NFPA 101** _____ **O/Load per NFPA 101** _____

New Bldg. Sq. Ft _____ New Tenant Sq.Ft. _____ Addition Sq.Ft. _____ Remodel Sq. Ft. _____

Construction Type per Building Code _____ Serving Alcohol? Yes No State Tenant? Yes No

Space Completely Sprinklered? Yes No Type _____ Req. by Code? Yes No Code Section _____

Supervised System? Yes No Type _____ Req. by Code? Yes No Code Section _____

Other fire protection system(s) _____ LSC Year _____

Please check if building/job will have any of the following new work performed:

Electrical: Yes No **Plumbing:** Yes No **Heating/Air:** Yes No

Fire Sprinklers: Yes No **Hood System:** Yes No **Fire Alarm:** Yes No

Signature _____ **Print** _____ **Date** _____

Title/Relation _____

Please send your completed form to CommBldgApplication@cobbcounty.org.

Official Use Only - DO NOT WRITE BELOW THIS LINE

Building Department Comments _____

Reviewed By: _____ Date: _____

Fire Comments _____

Reviewed By: _____ Date: _____

Certificate of Occupancy Required	<input type="checkbox"/>	FMO Bldg.	<input type="checkbox"/>	New Construction Only, O.C.G.A. 25-2-13:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter of Completion Required	<input type="checkbox"/>			PERMIT #	
Special Inspections Required	<input type="checkbox"/>				

Cobb County Water System (CCWS) (770) 419-6327 and Health Department Requirements

1. Submit completed Commercial Permit Application to CCWSPlanReview@cobbcounty.org so that CCWS may determine if plan approval and water and sewer fees are required for the project. CCWS may request additional information in order to make a final determination. CCWS will mark the requirements on line A below and return the application. Allow five business days for CCWS to process. If required, plans must be approved and fees must be paid prior to submitting plans for structural plan review.
2. Health Department (770-435-7815) approval is required for septic systems, public swimming pools, restaurants/cafeterias, catering, bars, personal care homes, hotels/motels, body art businesses, etc. Go to www.CobbAndDouglasPublicHealth.com for more information.

Water System Use Only

A. Plan Approval Required: Yes No Fees Due: Yes No Signed: _____ Date: _____
 B. Plans Approved On _____ Fees Paid On _____ Signed: _____ Date: _____

3. Fire Marshal's Office Requirements

Visit www.CobbFMO.org to schedule a plan review appointment

The Required Plan Review Information Needed In the Fire Marshal Plan Review Appointment:

1. Minimum of (4) sets of plans which contains:

Minimum Required Information	Pass / Fail	Minimum Required Information	Pass / Fail
Job Name & Project Address on the plans		Show a top view of the tenant location inside the building	
Overall area of the space shown – It must be scaled or show dimensions of each room		Show all door, window and wall locations & Furniture Layout, merchandise, shelving/fixtures for the tenant space	
Identify and label each room on the drawings		Show all exit sign, emergency light & fire extinguisher locations	
Key Plan (Show the proximity of the space in conjunction with building and/or property)		Scope of work letter (Explain the construction, if any, being done with your permit)	
Complete egress route to outside the building (Show how to access two exits)		Cash or Check to pay for the plan review, make checks payable to: Cobb County Fire and Emergency Services	

2. One complete set of plans on CD in PDF Format
3. Complete permit application (this *form*) before the start of your appointment; both sides.
4. Line A above must be completed and signed by Water System prior to appointment

NOTE: PLANS SUBJECT TO REJECTION IF INFORMATION NOT SUFFICIENT TO DETERMINE CODE COMPLIANCE

4. Building Department Requirements Structural Plan Review Office (770) 528-2071

Plans must be approved by Fire Marshal prior to submittal for structural plan review. Review procedures are as follows:

- Renovations are reviewed as time permits; freestanding buildings & additions are required to be dropped off for review. Review time varies depending upon the complexity of the plans.
- Any plans stating "Not Released for Construction" or similar are not acceptable.
- If required, Water System plan approval must be obtained and fees must be paid prior to plan submittal for structural plan review.
- Zoning approval may be required (770-528-2035).

In addition to the above requirements, the following steps are **mandatory before issuance of a Permit for a freestanding building or addition.** (Energy Affidavit, Temporary Pole, and Temporary Power forms must accompany this application).

- Land Disturbance Permit issued by Site Plan Review. (770-528-2147)
LDP #: _____
- Address Verification issued by Cobb County GIS. (770-528-2002)
- Grading Permit (On site Erosion Control Approval) issued by Site Inspections. (770-528-2142)
Grading #: _____
- Architectural Design Worksheet completed.
Required: _____ Actual: _____
- Statement and Schedule of Special Inspections. (See www.seaog.org for forms and example.)
- Health Department Approval. (770- 435-7815)
- 1 Complete Set of Plans on separate CD in PDF Format
- Georgia Business License #: _____
- Erosion Control Certification (See gaswcc.georgia.gov) #: _____
- State Contractor License: Type _____ # _____

Zoning Department Use Only

Comments _____

Approved by: _____ Date: _____