

Cobb County 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

New Bldg. Add (Int. / New) New Tenant Remodel Apartment. Condo

Fire Damage (R/C) Other _____

Arch/Designer _____ Phone _____

Person Responsible for Plans _____ E-mail _____ Phone _____

Job / Tenant Name _____

Parcel ID# _____

Project Address _____ Building# _____ Suite _____

City _____ City Limits Acworth Kennesaw Powder Springs Zip _____

Complex Name _____

Property Owner's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

General Contractor _____ Phone _____

Address _____ City _____ State _____ Zip _____

24 Hour Contact Person _____ E-mail _____ Phone _____

Stories in Building _____ Number of Buildings _____ Basement Yes No Septic Sewer

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 Sprinkled: Yes No Type _____ Req. by Code Yes No _____

(List code section)

Building Completely Sprinkled: Yes No Type _____ Req. by Code Yes No _____

(List code section)

Supervised System Yes No Req. by Code Section _____

(List 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 _____

****** Official Use Only - DO NOT WRITE BELOW THIS LINE ******

Building Department Comments _____

Reviewed By: _____ **Date** _____

Fire Comments _____

Reviewed By: _____ **Date** _____

| | | | |
|-----------------------------------|--------------------------|--------------------------|---|
| | FMO | Bldg. | |
| Certificate of Occupancy Required | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | |
| Special Inspections Required | <input type="checkbox"/> | <input type="checkbox"/> | PERMIT # |

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

1. Submit completed Commercial Permit Application to CCWSPlanReview@cobbcounty.org or 770-419-6335 (fax) 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.

A. Plan Approval Required: Yes No Fees Due: Yes No Signed: _____ Date: _____

B. Plans Approved On _____ Fees Paid On _____ Signed: _____ Date: _____

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.

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, Check, and Credit Card 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:

- \$125.00 Plan review fee is required for all Additions, New Building and major renovations that are required to be dropped off for review.
- Minor renovation are reviewed over the counter as time permits.
- Any plans stating “Not Released for Construction” or similar are not acceptable.
- Zoning approval may be required (770-528-2045)

In addition to the above requirements, the following steps are **mandatory before issuance of a Permit for a free standing 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) 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)
- One Complete Set of Plans on CD in PDF Format
- Georgia Business License #: _____
- Erosion Control Certification (See gaswcc.georgia.gov) #: _____
- State Contractor License: Type _____ # _____

5. **Zoning Department Use Only**

Comments _____

Approved by: _____

Date: _____