



## New Commercial Building Permit Process



Is your project located in the City Limits of Snellville? Find out by checking at <https://www.snellville.org/am-i-city>



SUBMITTALS MUST BE IN PERSON OR BY MAIL.

**New Building?** After Site Development is complete.

OR

**Interior Remodel, Interior Finish?** Verify with Zoning if use of business is allowed at the proposed location.

Provide 3 sets of printed plans 24" x 36" that includes BOTH Gwinnett County Fire Marshal & Environmental Health Department approvals. (Dept of Ag if applicable) Also, 1 PDF Version.

Restaurant, Convenience Store, Grocery Store?

OR

Retail (Non Food)?

Provide 3 sets of printed plans 24" x 36" that includes Gwinnett County Fire Marshal approval. Also, 1 PDF Version.



Provide completed Building Permit Packet. *At minimum provide the completed Building Permit Plan Review Form & Building Permit Application with correct review fees. Contractor information has to be provided before a Building Permit can be issued. After 60 days of submittal without a contractor the job will require resubmittal.* **SUBMIT REQUIRED REVIEW FEE.** The balance of the Permit Fees will be submitted in person once the Permit Application has passed all reviews and the Director approves the Permit.



RECEIVED STAMP IMPRINT  
HERE

**CITY OF SNELLVILLE**  
DEPARTMENT OF PLANNING & DEVELOPMENT  
2342 Oak Rd. 2nd Floor  
Snellville, GA 30078  
Phone (770) 985-3513 or (770) 985-3514

## BUILDING PLAN SUBMITTAL FORM

PLEASE MAIL OR HAND DELIVER  
CANNOT ACCEPT ELECTRONIC SUBMITTALS

### APPLICANT & CONTACT INFORMATION

FIRM NAME: \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### PLANS SUBMITTED BY

GENERAL CONTRACTOR  
 PROFESSIONAL ARCHITECT  
 RESIDENT/HOMEOWNER  
 OTHER

### PROJECT TYPE

COMMERCIAL     RESIDENTIAL     NEW CONSTRUCTION (COMPLETE)  
 INDUSTRIAL     MIXED USE     SHELL ONLY  
 INTERIOR FINISH     WHITE BOX     ADDITION  
 ACCESSORY STRUCTURE     MONUMENT SIGN    OTHER \_\_\_\_\_

### PLAN REVIEW FEES COLLECTED

\_\_\_\_\_

### PROJECT INFORMATION

PROJECT NAME \_\_\_\_\_  
PROJECT STREET ADDRESS \_\_\_\_\_  
SUITE NUMBER \_\_\_\_\_ PARCEL \_\_\_\_\_  
ZONING DISTRICT \_\_\_\_\_

TOTAL SQ FT \_\_\_\_\_  
CONSTRUCTION  
CONTRACT PRICE (REQUIRED)

### PLAN REVIEW ACKNOWLEDGEMENT

In accordance with Part 2 of Article 1 of Chapter 2 of Title 8 of the Official Code of Georgia Annotated, and upon receipt and acceptance of the submitted building plans, the City of Snellville hereby notifies permit Applicant that the City of Snellville intends to complete the required plan review within 30 days of receiving the plans.

If applicable, a written notice of plan deficiencies will be provided to the permit Applicant and the 30 day period will then be tolled pending resolution of the matter. Upon receipt of any plan revisions which addresses the plan deficiencies, the local building official shall have the remainder of the tolled 30 day period plus and additional five (5) business days to issue the requested permit or to provide a second written notice to the permit applicant stating which of the previously identified plan features remain in non-compliance with the applicable codes. In the event that the revisions required to address the plan deficiencies or any additional revisions submitted by the permit Applicant require that new government approvals be obtained, the permit Applicant shall be required to obtain such approvals before a new plan report can be submitted.

<b>APPLICANT PRINTED NAME</b>	<b>DATE</b>	<b>BUILDING OFFICIAL PRINTED NAME</b>	<b>DATE</b>
<b>APPLICANT SIGNATURE</b>	<b>BUILDING OFFICIAL SIGNATURE</b>		

*This route sheet shall be completed by the plan preparer in its entirety and submitted with each submittal.*

**APPLICATION FOR BUILDING PERMIT  
CITY OF SNELLVILLE, GEORGIA**

FOR CITY USE ONLY

Date Rcvd: \_\_\_\_\_

Permit No. \_\_\_\_\_

MAIL OR HAND DELIVER

**DESCRIPTION OF WORK (Please mark all that apply)**       RESIDENTIAL       COMMERCIAL

- |   |                                     |                                     |   |
|---|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> ADDITION   | <input type="checkbox"/> REPAIR     | <input type="checkbox"/> ACCESSORY STRUCTURE  |
| <input type="checkbox"/> INTERIOR FINISH  | <input type="checkbox"/> ALTERATION | <input type="checkbox"/> SHELL ONLY | <input type="checkbox"/> MONUMENT / WALL SIGN |

Description of Proposed Construction \_\_\_\_\_

Project Name or Business Location Name \_\_\_\_\_

Job Address \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Project/Subdivision \_\_\_\_\_ Tax Parcel # \_\_\_\_\_ - \_\_\_\_\_ Zoning \_\_\_\_\_

**BUILDING INFORMATION (NEW OR AFFECTED AREA ONLY)** Basement / Slab / Crawl Space (Circle One) \_\_\_\_\_

Stories \_\_\_\_\_ Rooms \_\_\_\_\_ Baths \_\_\_\_\_ Bedrooms \_\_\_\_\_ Heated Sq.Ft. \_\_\_\_\_ Total Sq.Ft. \_\_\_\_\_

Lot Size \_\_\_\_\_ Water Tap # \_\_\_\_\_ Sewer Tap # \_\_\_\_\_ Septic # \_\_\_\_\_ On Septic:  Yes  No

Sprinkler (Protected)    Unprotected (Check One)      **Construction Contract Price \$** \_\_\_\_\_

**TYPE OF CONSTRUCTION (NEW CONSTRUCTION ONLY)**   -IA   -IB   -IIA   -IIB   -IIIA   -IIIB   -IV   -VA   -VB

**OCCUPANCY TYPE (GROUP DESCRIPTIONS ON INTERNATIONAL BUILDING CODE LISTING)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> -A-1 Assembly, theaters, with stage                         | <input type="checkbox"/> -E Educational                               | <input type="checkbox"/> -M Mercantile                                     |
| <input type="checkbox"/> -A-1 Assembly, theaters, w/o stage                          | <input type="checkbox"/> -F-1 factory and industrial, moderate hazard | <input type="checkbox"/> -R-1 Residential, hotels                          |
| <input type="checkbox"/> -A-2 Assembly, nightclubs                                   | <input type="checkbox"/> -F-2 Factory and industrial, low hazard      | <input type="checkbox"/> -R-2 Residential, multiple family                 |
| <input type="checkbox"/> -A-2 Assembly, restaurants, bars, banquet halls             | <input type="checkbox"/> -H-1 High Hazard, explosives                 | <input type="checkbox"/> -R-3 Residential, one- and two-family             |
| <input type="checkbox"/> -A-3 Assembly, churches                                     | <input type="checkbox"/> -H234 High Hazard                            | <input type="checkbox"/> -R-4 Residential, care/assisted living facilities |
| <input type="checkbox"/> -A-3 Assembly, general, community halls, libraries, museums | <input type="checkbox"/> -H-5 HPM                                     | <input type="checkbox"/> -S-1 Storage, moderate hazard                     |
| <input type="checkbox"/> -A-4 Assembly, arenas                                       | <input type="checkbox"/> -I-1 Institutional, supervised environment   | <input type="checkbox"/> -S-2 Storage, low hazard                          |
| <input type="checkbox"/> -B Business   | <input type="checkbox"/> -I-2 Institutional, incapacitated            | <input type="checkbox"/> -U Utility, Garages, miscellaneous                |
|  | <input type="checkbox"/> -I-3 Institutional, restrained               |  |
|  | <input type="checkbox"/> -I-4 Institutional, day care facilities      |  |

**OWNER** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Business License # \_\_\_\_\_ Issuing Authority \_\_\_\_\_ Exp. Date \_\_\_\_\_

As the contractor, builder, owner or authorized agent, I hereby apply for a permit to erect/alter and use the structure as described herein and/or shown on accompanying plans and specifications. If a plot plan is required, said structure will be located as shown on the plot plan. If the permit is granted, I shall construct same according to the development regulations, ordinances and code of the City of Snellville. Further, I shall be responsible for complying with all subdivision protective covenants (where applicable) and required set backs. I also understand that the structure authorized by the permit shall not be occupied or used until all inspections have been made, all re-inspection fees and fines paid and the Certificate of Occupancy/Completion has been issued by the Department of Planning & Development (and by the Gwinnett County Department of Fire & Emergency Services, when applicable). Applicant must hold a valid Occupational Tax Certificate (AKA "business License") for the type of construction covered by the permit issued. A homeowner is not required to have an Occupational Tax Certificate if building one's own personal home (not more than one home per year). I understand that before any inspections will be made, erosion control measures must be installed and properly maintained daily and licensed subcontractor affidavits must be submitted and accepted. I hereby certify that I am the property owner or the authorized agent of the property owner and that all information contained hereon is true and accurate.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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Department of Planning & Development  
2342 Oak Road, 2<sup>nd</sup> Floor  
Snellville, GA 30078  
www.snellville.org

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**CONTRACTOR REGISTRATION**

**PLEASE ATTACH A COPY OF YOUR CURRENT OCCUPATIONAL  
TAX CERTIFICATE (BUSINESS LICENSE) & STATE OF GA  
PROFESSIONAL LICENSE WITH THIS FORM**

PLEASE MARK THE APPROPRIATE SPACE

GENERAL CONTRACTOR: \_\_\_\_\_ ELECTRICAL: \_\_\_\_\_ H/VAC: \_\_\_\_\_ PLUMBING: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**STATE CARD NO:** \_\_\_\_\_ **CLASSIFICATION:** \_\_\_\_\_

**OCCUPATION TAX CERTIFICATE NO:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_  
(Business License #)

In filing this application for registration, I hereby certify that I am experienced in the classification above and am either familiar with, or will become familiar with all requirements and will abide by all the rules and regulations set forth by the City of Snellville Planning & Development Department.

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Applicant's Signature

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Print Name



# **SUBCONTRACTOR AFFIDAVIT**

**CITY OF SNELLVILLE DEPARTMENT  
OF PLANNING & DEVELOPMENT  
2342 OAK ROAD, 2<sup>ND</sup> FLOOR, SNELLVILLE, GA  
30078 (770) 985-3513 / (770) 985-3514  
[www.snellville.org](http://www.snellville.org)**

**GENERAL CONTRACTOR SHALL CALL IN ALL INSPECTIONS**  
This form must be completed, signed and submitted to the Department of Planning & Development before work may commence. Call (770) 985-3513 at least 24-hours prior to inspection request.  
**MAIL OR HAND DELIVER COMPLETED FORM WITH A COPY OF THE CURRENT BUSINESS LICENSE, PROFESSIONAL STATE LICENSE AND DRIVER'S LICENSE.**

GENERAL CONTRACTOR: \_\_\_\_\_ PERMIT # \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ LOT / BLOCK: \_\_\_\_\_

SUBDIVISION / PROJECT NAME: \_\_\_\_\_

THIS IS TO CERTIFY THAT I WILL BE RESPONSIBLE FOR SUBCONTRACTORS PERFORMING:

- ELECTRICAL     LOW-VOLTAGE     HEATING & AIR     PLUMBING

PLEASE CHECK THE TYPE OF STATE LICENSE HELD AND BEING USED FOR THIS JOB:

- |   |   |
|---|---|
| <input type="checkbox"/> Electrical Contractor Class I      | <input type="checkbox"/> Electrical Contractor Class II (Unrestricted)      |
| <input type="checkbox"/> Master Plumber Class I             | <input type="checkbox"/> Master Plumber Class II (Unrestricted)             |
| <input type="checkbox"/> Conditioned Air Contractor Class I | <input type="checkbox"/> Conditioned Air Contractor Class II (Unrestricted) |
| <input type="checkbox"/> Low-Voltage Contractor Class I     | <input type="checkbox"/> Low-Voltage Contractor Class II (Unrestricted)     |

I certify that I am experienced in the classification above and I will comply with all codes and ordinances adopted by the City of Snellville that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated work at this job until Building Inspections have been notified, in writing, of any change.

SUBCONTRACTOR COMPANY NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ OCCUPATION TAX # OR BUSINESS LICENSE #) \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ ISSUING AUTHORITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE PROFESSIONAL LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SUBCONTRACTOR SIGNATURE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*MAIL OR HAND DELIVER WITH A COPY OF THE CURRENT BUSINESS LICENSE, STATE PROFESSIONAL LICENSE AND DRIVER'S LICENSE OF CARD HOLDER.*



## SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

In accordance with chapter 46 of the Snellville Code of Ordinances, The City grants to the franchisee the exclusive right and privilege to operate and maintain a refuse collection service in, upon, along, across, above, and over the streets, alleys, public ways and public places in the City. All refuse accumulated in the City shall be collected, conveyed and disposed of by only the franchisee.

Haul-off services provided by a third-party who provides a container (open-top and roll-off dumpster or three cubic yard “bagster” or similar type bag, but not including front-load dumpsters) for solid waste on a temporary basis which is later removed by the third party for disposal elsewhere is permitted.

Construction and demolition waste disposal; on-site burial/disposal of construction and demolition waste is prohibited by Georgia law and the City of Snellville solid waste ordinance.

### **BOX 1 – Business License Applicants**

Name of Business \_\_\_\_\_  
 Business Location \_\_\_\_\_ Suite \_\_\_\_\_

Is Business location in a shopping center? \_\_\_\_\_yes \_\_\_\_\_no

Contact Snellville Public Works to establish a sanitation account \_\_\_\_\_

ACCOUNT NUMBER

*I understand that I must obtain and maintain a sanitation account with the Snellville Public Works Department at all time while my business license account is active.*

\_\_\_\_\_  
 Acknowledged By

\_\_\_\_\_  
 Date

### **BOX 2 – Building Permit Applicants**

Construction Project Name \_\_\_\_\_ Permit # \_\_\_\_\_  
 Project Location (Address) \_\_\_\_\_ Suite \_\_\_\_\_

Scope of project (check all that apply) \_\_\_New Construction \_\_\_ Interior Remodel/Finish  
 \_\_\_ Demolition \_\_\_ Site Work \_\_\_ Other (explain) \_\_\_\_\_

State how the construction and demolition waste will be collected and type of container to be used: \_\_\_\_\_

*I acknowledge that on-site disposal of construction and demolition waste is prohibited, City inspection staff may: refuse to make inspections, issue Stop Work Orders, issue Citations for violations of Stop Work Orders; and refuse to approve Certificates of Completion/Occupancy for failure to comply with solid waste disposal laws.*

\_\_\_\_\_  
 Acknowledged By

\_\_\_\_\_  
 Date



## SOIL EROSION & SEDIMENT CONTROL AFFIDAVIT

Subdivision or Project Name \_\_\_\_\_

Project Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

My signature hereon signifies that I am the person responsible for compliance with the Soil Erosion & Sediment Control Ordinance. I acknowledge that City inspection staff may: refuse to make inspections, issue Stop Work Orders, and issue summons to appear in Recorder’s Court for violations of erosion control requirements; and that I must use Best Management Practices (BMP’s) to control soil erosion on my job site which includes at a minimum all of the following:

- Installation and regular maintenance of silt barriers (i.e. silt fences, hay bales, etc.) in those areas where water exits the job site;
- Installation and regular maintenance of a stone driveway entrance/exit pad to minimize the tracking of mud into the street;
- Removal of mud from the street or adjacent property immediately following any such occurrence;
- Maintenance and removal of mud from detention ponds and sediment basins.
- Conduct no land disturbing activities within 25 feet of the banks of any streams, lakes, wetlands, etc. (i.e. “state waters”)
- Institute erosion control measures and practices as indicated on the approved Soil and Sediment Control Plan. Provide temporary vegetation and /or mulch in exposed critical areas.
- Submittals of form EC-1 on a weekly basis every Friday before 5:00 p.m.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Title



## BUILDING INSPECTIONS

GENERAL CONTRACTORS ARE REQUIRED TO CALL IN ALL INSPECTIONS

Building permit cards must be placed on each lot or construction site visible from the street and attached to a weatherproof structure a minimum of 5' above ground.

Erosion control measures must be in place and properly maintained before any inspections will be made.

Inspections are typically performed Monday, Wednesday and Friday unless closed for the Holiday. The Building Inspector requires all inspections to be called in the day before you wish to receive the inspection by 4:00 p.m.

Call the Department of Planning and Development at 770-985-3512 or 770-985-3514 to schedule. Do not leave inspections on the voicemail.

Requested inspections that are not ready for inspections that are not ready for inspection when the Building Inspector arrives or which do not successfully pass requiring a re-inspection are subject to re-inspect fees, which must be paid before scheduling the next inspection. The following fee structure applies to failed inspections;

1 <sup>st</sup> re-inspection fee	\$50.00	4 <sup>th</sup> re-inspection fee	\$125.00
2 <sup>nd</sup> re-inspection fee	\$75.00	5 <sup>th</sup> re-inspection fee	\$150.00
3 <sup>rd</sup> re-inspection fee	\$100.00	subsequent re-inspections	\$150.00

Subcontractor Affidavits for Plumbing, Electrical, and HVAC must be in our office prior to scheduling of the appropriate inspections.

Third party inspections must be pre-approved by the Building Inspector in advance of the inspection. The inspector will mark the inspection and result on the yellow permit card.

Upon successfully passing the building final for C.O. inspection, and any other additional requirements, a Certificate of Occupancy shall be issued, provided all fees have been paid in full. Commercial remodels and new commercial buildings are required to provide the Fire Safety Certificate of Occupancy to Planning & Development **before** receiving the Building Certificate of Occupancy.





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**INDEMNITY**  
**AGREEMENT**

WHEREAS, the "Owner") is the owner of the Property (the "Property") located in the City of Snellville on \_\_\_\_\_ and desires to make certain improvements to the Property and to obtain a building permit from the City of Snellville for such improvements; and

WHEREAS, the improvements which the owner wishes to make to the Property may alter drainage in, out, or across the Property,

WHEREAS, the City of Snellville requires the indemnification set forth below as a condition precedent to the Owner's making the improvements:

NOW, THEREFORE, in order to induce the City of Snellville to issue a building permit to the Owner, the Owner agrees for itself, himself, or herself, its, his, or her officers, agents, assigns, and successors in title to the Property to indemnify and hold harmless the City of Snellville, its officers, agents and employees from any damages or claims for damages arising out of (a) the construction, maintenance or use of the improvements, or (b) the run-off or discharge of water from the Property. This is a covenant running with the Property.

IN WITNESS WHEREOF, the Owner has caused this Indemnity Agreement to be duly executed under seal this Day \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE BUILDER/DEVELOPER

\_\_\_\_\_  
 TODAY'S DATE

\_\_\_\_\_  
 PHONE NUMBER