

# MURRAY COUNTY GEORGIA LAND DEVELOPMENT APPLICATION

APPLICANT:		PHONE: ( )	
PROPERTY OWNER:		PHONE: ( )	
(if other than applicant) MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
LOCATION OR DIRECTIONS TO PROI	PERTY:		
TYPE OF BUILDING: FRAME M (please circle) DESCRIPTION OF WORK:	FG. HOME COMMERCIAL		
LIST ANY OTHER DEWELLINGS ON P	ROPERTY:		
I HEREBY CERTIFY THAT I HAVE EXA THAT THE ABOVE STATEMENTS AND LAWS AND ORDINANCES GOVERNING HEREIN OR NOT, AND THAT AFTER T	O INFORMATION SUPPLIED BY M G WORK TO BE PERFORMED SH	ME ARE TRUE AND CORRECT. A IALL BE COMPLIED WITH, WH	ALL PROVISIONS OF ETHER SPECIFIED
SIGNATURE OF APPLICANT		DATE	
SIGNATURE OF OWNER (If other than a	* *	DATE *********	******
Tax Map Code::	FOR OFFICAL USE ON	NLY Zone District:	
Are Any County Taxes or Fees Due? YES	NO Is Plat or Deed Required	d? YES NO Driveway	Permit? YES NO
FEMA Flood hazard Area? YES NO	MS4 District? YES NC	Septic Letter? YES	NO
Is the project disturbing 1.0 Acres or more?	Yes No Is project be v	within 200 Ft of State Waters? Yes	No
Is project part of a Common Development?	Yes No Is project area v	within 25' of warm water or 50' of tro	out stream? Yes No
If the answer to any of the above is YES, then	any or all of the documents listed belo	ow may be required. (circle any requi	red)
a. Notice Of Intent (NOI) Primary S	Secondary b. E&SPC Plans &	& Local LDA Permit	
d Stream Bank Buffer Variance required f	From EPD e. State Waters D	Determination	
Attachments: Property Record Pre-Bill _			Flood Man
Comments:			
Comments.			
I AND DEVELOPMENT OFFICER/BIII D	ING OFFICIAL /DESIGNEE	Date:	



# Murray County Code Enforcement / Building Official Offices PO Box 1129 121 North 4th Avenue Chatsworth, GA 30705

PO Box 1129 121 North 4th Avenue Chatsworth, GA 30705 Phone 706-517-1400 ext 1231, ext 1263 email jarnold@murraycountyga.gov

# **Commercial / Industrial Building Permit Application**

PR Number		
Tenant or Project Name:	Suite:	
Street Address:	City:	
Directions to Job/Site:		
	omplete State Licensing Authoriz submitted at time of permit.	ed Permit Agent Form
	tration Number:	
Full Contractor Business Name:		
Street Address:	City:	Zip Code:
Business Phone Number:	Business Email Addre	ess:
	<b>Building Owner Information</b>	
Full Name:		
	City:	
Business Email Address:	Business Phone Num	nber:
Zoning	and Existing Building Informati	on
Zoning District:		
Jtility Company: GA Power	NGEMC Other:	
	Method of Sewage Disposal	
City County Private	Grease Trap Septic Health	Permit:
	Type of Water	
County Meter #:	City Private	Well



## Plan Design Requirements for Non-Residential Buildings:

The following is a list of minimum specifications to be included in the plans to be submitted for review prior to the issuance of a building permit. Some structures may require additional information depending on its design and type of occupancy.

For structures that also are subject to the State Fire Marshal inspections, the plans must be submitted and approved by the State Fire Marshal office prior to being submitted to the Murray County Building Inspection Department.

When submitting to this department, provide two (2) sets of plans, one hard copy and one in PDF form, including a plan submittal cover page. Please allow at least two weeks for plan review. The plan review is only general and is not a detailed review. It is the responsibility of the plan designer to provide and determine the specifications as required by the state mandatory codes. Upon approval of the plans, hard copy set will be returned to the applicant when the building permit is issued, the PDF copy will be retained by the Building Inspection Office.

The State of Georgia requires certain buildings to have the seal of an architect on the plans. Structures <u>exempt</u> from the seal of an architect are:

- 1. One and two family residences and domestic outbuildings regardless of cost;
- 2. Any building classified as agricultural occupancy upon any farm for the use of any farmer; any state owned farmer's market:
- 3. Any building which is a single story building, not exceeding more than 5, 000 square feet in area, except new or existing assembly occupancies, correctional or detention facilities, hotels, dormitories or lodging facilities, multifamily housing or apartment complexes and care facilities;
- 4. Pre-engineered buildings that are one story in height, except new or existing assembly occupancies, educational occupancies, health care occupancies, correction or detention facilities, hotels, or apartment complexes, care facilities and facilities classified as "high hazard"; provided, however, that the services of a duly registered architect shall be required for the design of any business or mercantile occupancies that exceed 5, 000 square feet in areas that are incidental to the operation in such building; and
- 5. Non-load bearing interior construction in existing or planned office structures which were designed by a registered architect, where drawings and specifications are prepared by a Georgia registered interior designer who also submits to the responsible building official a notarized and signed statement on letterhead from a person in a position of authority within the interior design firm certifying that the plans and specifications as submitted are in full compliance with the current building codes and regulations in effect.

The architect must have a current registration to practice in this state and be competent in the subject matter of the documents by virtue of education or experience or both.

The information provided does not provide the state law in its entirety. Please refer to Article 1 of Chapter 4 Title 43 of the Official Code of Georgia Annotated for the complete law.

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The following information is required to be provided on the plans whether prepared by an architect or by someone else as allowed by Georgia Law. The plans must consist of the following:

#### 1. Cover Sheet

- a. Location of proposed site.
- b. Parcel Id#
- c. Name of Job
- d. Owner name, address and phone number
- e. Square Footage
- f. Valuation of Job
- g. Contact Person and Phone #
- h. General Contractor's name and Phone #

#### 2. Site Plan

- a. Distance of structure from property lines or assumed property lines.
- b. Parking, including handicapped parking and signage.
- c. Ramps and their design for handicapped accessibility.
- d. Exterior stairs, guards and handrails when required, including materials to be used.

#### 3. Building Plan

- a. Dimensions of exterior perimeter of structure.
- b. Dimensions of all rooms, corridors, doors, windows, direction of door swing.
- c. Footing detail.
- d. Details of handicapped bathrooms showing dedicated space for water closet and lavatory and location and mounting heights of grab bars, lavatories, water closets, mirrors, etc.
- e. Type of door hardware.
- f. Fire rated wall assemblies and details of the wall, including the tested assembly listing number; provide the same for any fire rated floor/ceiling assembly.
- g. Type and size of framing materials. If it will be a pre-engineered metal building, also provide the engineered plans.
- h. Stairs, guards and handrail details.
- i. Exit signs, and when required by code, fire extinguishers.
- j. When sprinklers will be installed, provide sprinkler plans.
- k. For apartment complexes of 20 or more units, indicate which units and their details that will comply with the Georgia Handicapped Accessibility Code.
- 1. For structures that require the plans to be prepared by a licensed architect, provide a list of the "Special Inspections" as required by Chapter 17 of the IBC.

#### 4. Electrical Plan

- a. Electrical service, panel-boards, number of phases, location.
- b. Size of service conductors and sub-panel feeders.
- c. Grounding method.
- d. Wiring method (i.e. non-metallic sheathed cable, rigid conduit, mc cable, etc).
- e. When required by building code, location of emergency lighting, alarms, strobe lights, horn, etc.



#### 5. Plumbing Plan

- a. Location and type of backflow preventers.
- b. Location and size of water heater and whether gas or electric.
- c. Location and type of thermal expansion device.
- d. Floor drains and whether deep seal traps or trap primers.
- e. Type of piping materials when installed in areas, such as above suspended ceilings, when used as return air plenum.
- f. material of gas lines for gas fired appliances / equipment when gas lines are installed by the plumbing contractor.
- g. When gas appliances / equipment are installed in concealed spaces, show method to be used for obtaining combustion air.
- h. For restaurants, show location and size of grease trap; also show indirect drains for food prep sink.

#### 6. HVAC Plan

- a. Location and size of furnace, heat pump and air handler equipment, including hanging units in warehouse / storage areas.
- b. Size and material of gas lines for gas fired appliances / equipment when gas lines are installed by the HVAC contractor.
- c. Fire damper locations for ducts when penetrating fire rated separations.
- d. For electric furnaces, ampacity requirement.
- e. Specify if space above a suspended ceiling will be used for the return air plenum.
- f. For commercial kitchens, provide details for the ventilation hood and provisions for make-up air.
- g. When gas appliances / equipment are located in concealed spaces, show method to be used for obtaining combustion air.
- h. When required by code, show location of smoke detectors in the hvac system.



\*plan submittal and pick up may be done Monday thru Friday from 8:30 a.m. till 4:30 p.m. at the Murray County Building Inspection Office – 121 North Fourth Avenue Chatsworth, Ga 30705 (if you have questions please contact Joey Arnold at 706-517-1400 or email to jarnold@murraycountyga.gov

\*\*Site plan – 1 set; Structural / Architectural – 1 set; if your plans are required to be approved by the State Fire Marshal's office, you must submit to them first and submit the state approved drawings to us for review.

\*\*\*After the drawings are approved an electronic copy is required – you may either provide a disk with pdf drawings, a drop box link of the drawings or you may email them in pdf format to jarnold@murraycountyga.gov – A FINAL C/O WILL NOT BE GIVEN UNTIL THIS IS RECEIVED

### PLAN REVIEW SUBMITTAL APPLICATION

Contact Person (for pickup of plans and/o	r comments):	
PROJECT NAME:		
LOCATION ADDRESS:		
		INCORPORATE NON INCORPORATED (circle one)
PROPERTY OWNER:		PHONE #:
ENGINEER:		STATE LIC #:
PHONE #:	EMAIL:	
MAILING ADDRESS:		
ARCHITECT:		STATE LIC #:
MAILING ADDRESS:		
FIRE ALARM CONTRACTOR:		LIC #:
MAILING ADDRESS:		
FIRE SPRINKLER CONTRACTOR:		LIC #:
MAILING ADDRESS.		



TYPE OF OCCUPANCY: (I	√lark all that apply f	or mixed use)	NFPA 101	
				Apartment Bldg
Industrial Busines	s Hotel/Do	ormitory	Day Care	Health Care
Boarding House T	ent Ambu	ılatory Healthc	are Der	ntention/Corrections
Residential Board & Care _	Special Str	ucture (Specif	y)	
Place of Assembly	_ *if Assembly spec	ify approximat	e occupant load	
**for Restaurants with occu	pant load < 50 use	mercantile: Cl	ass A > 1000 C	lass B 301-1000 Class C 50-300
Is this a change of occupan	cy from previous us	sage?	_ Yes or	_ No
TYPE OF WORK PROPOS	ED: (Mark all that a	apply)		
New Building (total square	ft.)	Square ft. <sub> </sub>	per Floor	
Addition (sq. ft. of addition)				
Renovation (sq. ft. of reno)		Total Bldg.	Sq. Ft	
Other: (open pit burn, vent	hood, above ground	d fuel tanks of	600 gallons or le	ss, etc.)
Description of work being p	erformed:			
person or many person g p				
FIRE PROTECTION INFOR	RMATION (currently	<i>ı</i> in nlace).		
			Dry C	Other None
Standpipe System – Full			bry c	THE
			Rov #	High Rise
	iviuriicipaii	ity Connected	DUX # _	High Kise
Box #				
FIDE DDOTECTION INFO	DMATION (222222	۵۱.		
FIRE PROTECTION INFOR		•	D	NII NI -
			Dry C	Other None
Standpipe System – Full				
=	Municipali	ity Connected	Box # _	High Rise
Box #				
Estimated cost of co	onstruction:			(with MEP's)
Estimated cost of co	onstruction:			(without MEP's)
				\ \

\*this is used to calculate permit fees – parking and landscaping should NOT be included in this figure



# PLEASE MARK ACCORDING TO THE PLANS YOU ARE SUBMITTING:

\*mark ALL that apply

•	Site Only:	yes	_ no	_ n/a	
•	Steel Building Only	yes	no	_ n/a	
•	Shell Only:	yes	no	_ n/a	
•	Architectural:	yes	no	_n/a	
•	Electrical:	yes	no	n/a	
•	Plumbing:	yes	no	_n/a	
•	HVAC:	yes	no	_n/a	
I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with applicable fire codes of the State of Georgia and the applicable building codes of the State of Georgia and the Murray County Building Ordinances.					
	Signature of Applicant			Printed Nam	e of Applicant
	Da	te Submitted			



#### 1. TO BE PROVIDED ON COVER SHEET OF ALL PLANS:

- a. A statement in bold print reading: "Approved plans must be on the job site at all times."
- b. A 4 ¾ Inch By 3 ¾ Inch, Bordered Box, Labeled "Fire Marshal Stamp Only" Placed At The Right Side Border.
- c. Submittal Date
- d. Project Name
- e. Project Location (Street Address if Available)
- f. Engineer/Architect's Name, Address and Contact Information (Phone Number, E-mail Address)
- g. Property Owner's Name, Address & Contact Information
- h. Engineer/Architect's Signed and Dated Stamp
- i. Description of Project
- j. Applicable Codes In A Dedicated Box

#### 2. ITEMS SPECIFIC TO BUILDING PLAN COVER SHEET IN ADDITION TO ITEMS MENTIONED ABOVE:

- a. Occupancy Classification
- b. Building Area
- c. Construction Type
- d. Occupancy Load With Calculations
- e. Fire Protection

#### 3. ITEMS TO BE INCLUDED ON SITE PLAN:

- a. Road Names
- b. Fire Department Access Roads
- c. Scale
- d. Building Footprint
- e. Distance To Closest Buildings
- f. Fire Hydrant Water Line Showing Line Size
- g. Two (2) Closest Fire Hydrants And Distance To Project
- h. Fire Sprinkler Vault, FDC, and PIV Locations
- i. Fire Sprinkler Water Main Showing Line Size
- j. Drawing Legend and Abbreviation Description
- k. Compass North



#### 4. ITEMS TO BE INCLUDED IN BUILDING PLANS:

- a. Life Safety Data Sheet To Include:
  - i. Floor Plan To Scale
  - ii. Emergency Lighting
  - iii. Exiting/Egress
  - iv. Fire Extinguisher Locations With Height AFF
  - v. Lock Box Location With Height AFF
  - vi. Grease Hood Location With Location of Manual Pull
  - vii. Fire Wall Location
  - viii. Fire Sprinkler Riser Location
  - ix. Fire Annunciator Panel Location
  - x. Fire Alarm Device Locations
  - xi. Drawing Legend and Abbreviation Description
  - xii. Compass North
- b. Life Safety Data Detail Sheet:
  - i. Fire Wall Detail With U.L. Listing Number
  - ii. Grease Hood And Duct Detail
  - iii. Emergency Generator Detail
  - iv. ADA detail

Failure to provide the required items/pages will result in a rejection of the plans and necessitate correction and re-submittal resulting in additional fees.



# State Licensing Board for Residential and General Contractors Authorized Permit Agent Form

Licensed Contractor: Individual		Qualifying Agent
Name of Licensed Person:  Please attach a copy of Individual License or Company L	icense	
License Number of Individual or Qualifying Ager Please attach copy of Qualifying Agent License	nt:	
Name of Licensed Company (if applicable):		
License Number of Company (if applicable):		
l,		hereby designate
(Licensed Individual or Qualifying Agent)		_ , ,
		to apply for and obtain permits.
AUTHORIZ	ED SIGNATUR	F
I, the undersigned, being the contractor as eithe and swear, under oath, that all information on and correct.		
Signature of Individual or Qualifying Agent		
State of0	County of	
Subscribed and sworn to me before me this	day of	, 20
Notary Public Signature		Seal