

Chief Executive Officer Lorraine Cochran-Johnson (404) 371-2155 (o) GC (404) 371-4556 (f) 17 DeKalbCountyGa.gov De

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director Cedric Hudson

New Construction Townhome Permitting Guide



PROJECT DETAILS

| eet l | Name | | | | | Building # | |] | LDP # |
|-------|----------------|---------------|-----------------|----------------------|------------------------|------------|-------|------|-------------------|
| # | Unit Number | Lot Number | Heated Space | Finished Basement | Unfinished Basement | Garage | Porch | Deck | Other: Specify |
| 1 | | | | | | | | | speeny |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |



DEPARTMENT OF PLANNING & SUSTAINABILITY

Chief Executive Officer Lorraine Cochran-Johnson Director Cedric Hudson

Permit Application Signature Form

| Г | Project Name | | | | | | |
|-------------------------------|--|---|---|---|---|--|--|
| Project | | | | | | | |
| Prc | Street Name | | City | | | | |
| | WRITE-IN NAMES EXACTLY AS SHOWN ON THE | GOVERNMENT-ISSU | ED IDENTIFICATION | N | | | |
| | (INCLUDE IDENTIFICATION FOR EACH PER | | S APPLICATION) | | | | |
| CT | Name | Company Name | | | | | |
| DNTA | Address | City | | State | Zip | | |
| IER Co | Email | Mobile | | | | | |
| 0WN | Additional Owner | Additional Owne | itional Owner's Mobile | | | | |
| PROPERTY OWNER CONTACT | Additional Owner's Address | Additional Owne | r's Email | | | | |
| SIGN | Signature | Date | 2 | | | | |
| •1 | | | | | | | |
| | Relationship to Project: Property Owner Owner's Agent | Contractor | Contractor's Agent | t 🗖 Desig | n Professional | | |
| CT | Name | Company Name | | | | | |
| APPLICANT CONTACT | Address | City | | State | Zip | | |
| ANT (| Email | Mobile | | | | | |
| PPLIC | Additional Applicant | Additional Applicat | nt's Mobile | | | | |
| Α | Additional Applicant's Address | | | | | | |
| | Additional Annillannille Provil | City | | State | Zip | | |
| | Additional Applicant's Email | | | | | | |
| SIGN | I, | of any Building Permit or tions. I hereby agree to p ne of the beginning of th tional services to person | Certificate of Occupancy provide any clearance(s) e first work, whichever s as or property. I agree to | y issued as a res) and/or inspect shall be earlier, i exonerate, inde | ult of this ion report(s) for all injury mnify and | | |
| | arising out of damage or injury (including death) to persons or property caused by o issued as a result of this application. | | | | | | |
| | Signature | Date | | | | | |



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ENVIRONMENTAL REQUIREMENTS FOR BUILDING PERMITS

All environmental compliance best management practice measuresmust be in place and be maintained in proper function throughout the development process through certificate of occupancy.

- 1. Erosion control measures shall be adequate to protect saved trees on site, state waters, intermediate regional floodplain, drainage systems, required buffers, and adjacent properties, including county or state right-of- ways. ALL EROSION CONTROL MEASURES ARE TO BE INSTALLED AND MAINTAINED AT ALL TIMES UNTIL FINAL LANDSCAPING.
- 2. All required buffers and floodplains shall be clearly demarcated using sediment barriers and/or tree protection fencing. All state waters, buffers, and floodplains shall have a double row of type "S" silt fence along entire limits. No encroachment is permitted in regulated floodplain or stream buffers without prior approval.
- 3. Tree protection fencing will be installed prior to any land disturbing activities, and maintained until final landscaping. No parking, storage, or other construction activities to occur within tree protection areas. Removal or damaged trees designated as save will result in a court summons and will require recompense with 4-inch caliper trees (number to be determined per incident).
- 4. Tree protection fence will be installed in such a way to adequately protect the critical root zone of all saved trees. Critical root zone means an area of root space that is within a circle circumscribed around the trunk of a healthy tree using a radius of one (1) foot per once (1) of a DBH. Exceptions to strict adherence may be made with prior approval from Environmental Plans Review & Inspections.
- 5. Prior issuance of the Certificate of Occupancy (CO), all disturbed areas will have a minimum of 90 % vegetative cover using sod or other approved landscape materials. Coverage will be determined by viewing any square yard on site.
- 6. Site is to comply with the requirements of the tree ordinance. Call (404) 371-4913 for the Environmental Development Inspector at least 72 hours prior to requesting a Certificate of Occupancy.
- 7. No finished grade on the lot shall exceed 3:1 slope residential or 2:1 for non-residential construction without prior approval.
- 8. No trash, building debris, or construction waste will be buried on any building site.

I acknowledge that I have received and will comply with the requirements listed above, or a court summons and/or a stop work order can be issued.

| SIGNATURE | _DATE |
|----------------|-------|
| PRINTED NAME | |
| SITE ADDRESSES | |



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Energy Checklist for Compliance

2015 International Energy Conservation Code with Georgia State Supplements and Amendments

Notice: This form shall be completed, signed and submitted to the Permits Section at the time building permit is requested from DeKalb County and a copy must be available at the job site for the inspector's review.

Installation shall be per this submitted form.

| Building Permit Number: | | Date: | Subdivision: |
|-----------------------------|--|-----------------------|--------------|
| Lot:Block: | | <u>I</u> ob Addresses | : |
| General Contractor/Builder: | | - | |

I do certify that the above permitted structure shall be built in accordance with the minimum requirements of the 2015 International Energy Conservation Code with the Georgia State Supplements and Amendments using the following.

<u>Ceilings</u>

- Access to Attic Area (Min R-3) List R-Value: ______
- Flat Ceiling Insulation List R-Value: ______
- Cavity Insulation (Batt or Blown-in) List R-Value:
- Insulated Sheathing (Leave blank for OSB, Plywood, Etc.) List R-Value: _____
- Attic Knee wall Insulation (Air Barrier on Attic Side, Minimum R-18) List R-Value: <u>Fenestration</u>
- Window U-Factor (from Label) List U-Factor: ____
- Window SHGC (from Label, Max 0.40) List U-Factor: ______
- Skylight U-Factor (from Label) List U-Factor: ____
- Skylight SHGC (from Label, Max 0.40) List U-Factor: ______
- Door U-Factor) List U-Factor: _____
- Foundations
- Floor Insulation List R-Value:
- Basement Wall Insulation List R-Value:
 Mass Wall Insulation (Minimum R-5) List R-Val
- Gas or Propane Furnace (Minimum 78% AFUE) List AFUE: ______
- Heat Pump (Minimum 7.7 HSPF) List HSPF: ______
- Air Conditioner (Minimum 13 SEER) List SEER: ______
- Other System(s) (e.g., Fuel Oil) List Type: ______
 List Efficiency
- Duct Insulation List R-Value: _____
- Ducts Sealed with Mastic or Code Approved Tape List Sealant Method: ______

Revised 01/15/2025



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FOUNDATION LOCATION CERTIFICATE

| I, | , a licensed |
|---|--------------|
| builder in DeKalb County hereby certify that no part of the | building or |
| accessory structure constructed at: | |
| Street Addresses | |
| | |
| Lot/Block | |
| Subdivision | |
| I shall not encroach into any recorded easement. | |
| Date | |
| Signature | |
| Business License No. | |

ALL RECORDED EASEMENTS MUST BE CLEARLY IDENTIFIED ON THE LOT AT THE TIME OF THE FOOTING INSPECTION.



FOR COUNTY USE ONLY:

AP#: _____

NO: _____

DEKALB COUNTY

APPLICATION FOR WATER METER INSTALLATION

178 SAMS ST, DECATUR, GEORGIA 30030 TELEPHONE: (770) 414-2382

COMPLETE ONE FORM PER UNIT

| ZONE / BOOK / PAGE | | DA | 'E: | |
|----------------------------|-------------------|-----|--|--|
| SERVICE ADDRESS: | | | STREET CONDITION: | |
| LOT# DIST | LL | BLK | PAR | |
| NAME OF SUBDIVISION: | | | | |
| СІТҮ: | | | _ ZIP: | |
| NEAREST INTERSECTING STREE | TS: | | | |
| METER USE: PROP | ERTY ON: METER SI | | OF UNITS, OFFICES, STORIES, APTS. SERVED BY METER | |
| PURCHASER INFORMATION: | | | | |
| NAME: | | | | |
| OWNER: | CONTRACTOR: | | PHONE: | |
| BILLING INFORMATION: | | | | |
| NAME: | | | PHONE: | |
| ADDRESS: | | | | |
| СІТҮ: | | ZIP | | |
| | | | | |

Provide written location of meter stub:

Note: Upon receipt of your RED meter card, attach it to a stake in your yard for clear identification of meter placement.)

Please be advised that all Irrigation Water Meters (Residential & Commercial) are required to have a Backflow Preventer installed and tested within 60 days of installation. All Backflow Preventers must be inspected annually for proper working order. For more information visit our website at https://www.dekalbcountyga.gov/watershedmanagement/backflow-prevention-information

CUSTOMER SIGNATURE: DATE:



SEWER CONNECTION PERMIT APPLICATION

APPROVAL AND ISSUANCE OF THIS PERMIT AUTHORIZES ONLY THE APPLICANT'S RIGHT TO CONNECT TO THE DEKALB COUNTY SEWER SYSTEM <u>AT THEIR OWN EXPENSE</u>. A PLUMBING PERMIT SHALL BE REQUIRED BY A LICENSED SEWER/PLUMBING CONTRACTOR PRIOR TO INSTALLATION OF THE PRIVATE SEWER LINE CONNECTION. THERE IS NO GUARANTEE OF A STUB ON THE LINE.

CUSTOMER SECTION

| Application Date: | Sewer Connection Number: | | | |
|--|--------------------------|-------------------|--|--|
| Address of Sewer Connection: | | | | |
| Property Owner's Name: | | | | |
| Property Owner's Address: | | | | |
| City: | State: | Zip Code: | | |
| Map Reference Number: DIST: | LL: BLK: | PARCEL: | | |
| Sewer/Plumbing Contractor: | | | | |
| Street Address: | | | | |
| City: | State: | Zip Code: | | |
| Applicant's Signature | | | | |
| Applicant's Signature: | UNIT | | | |
| | DEPARTMENT USE ONLY | | | |
| New Building | Conversion | Additional Charge | | |
| Assembly | Medical Care | Manufacturing | | |
| Retail | Retire/Nurse Home | Warehouse | | |
| Food/Beverage | Personal Service | SF Attached | | |
| Laundry/Dry Clean | Comm. Recreation | SF Detached | | |
| Auto Care/Repair | Other | Multi-Family | | |
| | | No. of Units | | |
| f Personal Service/Beauty Salon/Barber Sho | p: No. of Shampoo Bowls | No. of Stations | | |
| s Connection Available: (please check one) | Yes No | | | |
| Floor Area: GPD: | Seating Capacity: | | | |
| NE Creek Ball Mill Creek | Other | | | |
| Sewer Connection Fee: | | | | |

178 Sams Street Decatur, Georgia 30030 Phone: 404-371-2155, #3 Fax: 404-371-2778 Web Address: <u>http://www.dekalbcountyga.gov/planning</u>



Authorized Permit Agent Form (ONE FORM PER PERMIT)

This form may be used by a qualifying agent to designate an individual to obtain a permit on his/her behalf for a project for the qualifying company. The contractor should submit an original Authorized Permit Agent Form for each project for which he/she has designated an individual to pull permits. This designated individual shall further be identified as the authorized permit agent. This notarized form with an **ORIGINAL SIGNATURE** (no copies or faxes accepted), a copy of the contractor's license, a copy of the contractor's company license, and a copy of the driver's license of the authorized permit agent is to be given to the permit office in the city or county in which the project is located. **DO NOT SEND A COPY OF THIS FORM TO THE BOARD OFFICE UNLESS REQUESTED.**

License verification by permitting office should be completed by visiting <u>http://verify.sos.ga.gov/verification</u>

| Name of Qualifying Agent: | |
|--|--|
| Contractor License # (Attach a copy of license.) | |
| Name of Licensed Company: | |
| Company License # (Attach a copy of license.) | |
| Name of Authorized Permit Agent: (Attach a copy of driver's license.) | |

PROJECT (an original form is required for each project):

| Company listed on | |
|----------------------|--|
| contract: | |
| Property Owner's | |
| Name: | |
| Street Address: | |
| Apartment or Suite # | |
| City, State, Zip: | |

I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) for the project listed above. The undersigned, being licensed as a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Original Signature of Qualifying Agent (no copies or faxes accepted)

State of _____ County of _____

NOTARY SEAL

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____DAY OF______, 20 _____

NOTARY PUBLIC My Commission Expires:



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Review Checklist

Submit the information below in the ePlans submittal

GENERAL

| Write in the true owner (individual or entity) of the property. If the property has been sold recently, the Geographical Informati Systems (G.I.S.) Department must update this information with a recorded or unrecorded deed. | on |
|--|----|
| Phone: (404) 371-2257 Email: <u>GIS@dekalbcountyga.gov</u> | |
| General Contractors are required for new development projects pursuant to State Law 43-41 implemented July 1, 2008 under the authority of the State of Georgia Secretary of State Office. General Contractors have the following designations: RBC, RBI, RBQ, RLC, RLI, RLQ, GCC, GCI or GCQ | |
| Development within Overlay Districts must comply with the overlay regulations found in Section 27-3 | |
| Click <u>here</u> for file naming convention requirements | |
| Site plan | |
| Location plan | |
| Floor plan (label each space) | |
| Roof plan | |
| Foundation plan | |
| Mechanical, electrical, and plumbing plans | |

CIVIL

*Indicates information that should be contained in the general notes section of the site plan

| - | mutates information that should be contained in the general notes section of the site plan |
|---|--|
| | Proposed finished floor elevation(s) (including front door threshold). Reference to Mean Sea Level (M.S.L.) |
| | Note case number for any rezoning and rezoning conditions, special use or variances on the site that relate to proposed development. Depict any conditions associated with the property on the site plan |
| | Indicate whether the lot is in an INFILL OVERLAY or OVERLAY district next to the name of the Subdivision or lot number |
| | Include the approved, or to be approved, civil site, grading, utility, and erosion plan sheets with details and notes showing DeKalb County floodplain boundaries with elevations to the nearest tenth of a foot, stream buffers, and any other environmentally sensitive areas close to the specific work area |
| | Check the DeKalb County Parcel Viewer for floodplain features in the work area before submitting: <u>https://arcg.is/14LLPn</u> |
| | Total square footage of the lot must be shown on the site plan/survey |
| | Provide a breakdown of the lot coverage calculations by square footage and percentage (including but not limited to buildings, driveways, decks, porches, etc.) |
| | Show the square footage of any accessory structures (existing or proposed). New accessory structures require a separate permit per Sections 7-30. Additionally, accessory structures height may not exceed 24 feet or the height of the existing principal structure, whichever is less, and shall comply with the requirements of the respective residential district and Section 27-4.2.1. |
| | Show existing easements and utilities |
| | The average front setback is derived on adjacent lots on the same block face per Section 27-5.2.1 (c) |
| | Show the minimum lot standards required for the zoning districts in notes section |
| | Show sewer mains and sewer tap locations for the site. Indicate whether existing or proposed. If sewer main does not exist, please provide approval of a septic tank permit from the Health Department |
| | Show sidewalk and drive-way locations including the width length, and slope of the drive-way as approved on |
| | |



DEPARTMENT OF PLANNING & SUSTAINABILITY

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| the final plat |
|---|
| Engineer (civil) and/or Land Surveyor's stamp, signature and date on the site plan along with 24-hour contact information |
| Submit a copy of the approved Site Plan (reference the Land Disturbance Permit) |

| ARCHITECTURAL | | |
|-----------------------------------|---|--|
| | Elevations of the entire building, including building height | |
| | Baseme | nt finishes require a simple floor plan identifying the rooms (i.e., bedroom, bathroom, recreation room & etc.) |
| COVER SHEET | | |
| | Name of project | |
| | Project address (include building and unit number) Can we add the permit numbers for each unit on this sheet? | |
| | Scope of Work Narrative | |
| | State of Georgia Registered Architect/Engineer/Design Professional Signed, Sealed and Dated Stamp with registration number on the sheets required to have on (see requirements in the Registered Architect/Engineer section O.C.G.A. Title 43 | |
| | Occupancy Classification per NFPA 101 Life Safety Code (LSC), Chapter 6 | |
| | Occupancy Classification per International Building Code (IBC), Chapter 3 | |
| | Unit's Fire-Rated Wall Separation, that shall include the laboratory tested assemblies used for the fire wall. Show fire-resistance ratings on the plans, section, and details (refer to IBC section 706 "Fire Walls") | |
| | Type of Construction | |
| | If an automatic sprinkler system is provided, and whether the sprinkler system is required. Any automatic sprinkler and fire alarm systems shall be permitted separated from the building | |
| | Allowable Building Area and Height, Proposed Building Area and Height, or if existing, actual building area and height, IBC Chapter 5 | |
| | Calculations for Area Modifications, if applicable, IBC Chapter 5 | |
| Submit a complete set of drawings | | |
| | List the following codes and editions: | |
| | 0 | International Building Code (IBC)- 2018 edition with Georgia Amendments |
| | 0 | National Electric Code (NEC) - 2020 edition |
| | 0 | International Fuel Gas Code (IFGC) - 2018 edition with Georgia Amendments |
| | 0 | International Mechanical Code (IMC) - 2018 edition with Georgia Amendments |
| | 0 | International Plumbing Code (IPC) - 2018 edition with Georgia Amendments |
| | 0 | International Energy Conservation Code (IECC) - 2015 edition with Supplements and Georgia Amendments |
| | 0 | International Residential Code (IRC) - 2018 edition with Georgia Amendments |
| | 0 | International Fire Code (IFC) - 2018 edition with Georgia Fire Marshal Amendments |
| | 0 | International Swimming Pool and Spa Code, 2018 Edition, with Georgia Amendments) |
| | 0 | Georgia Accessibility Code - GAC 120-3-20 - 1997 edition – Link to State ADA <u>https://ada.georgia.gov/helpful-resources/georgia-accessibility-code</u> |
| | 0 | U.S. Department of Justice A.D.A. Standards for Accessible Design (ADA) - 2010 edition - Link to USAB https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada- standards/ada-standards |



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- \circ ~ National Fire Protection Association 101 Life Safety Code (LSC) 2018 Edition ~
- Chapter 120-3-3 Rules and Regulations for the State Minimum Fire Standards in Georgia Link to Rules and Regulations: <u>https://www.oci.ga.gov/firemarshal/Rules%20and%20Regulations.aspx</u>
- Link to Georgia Amendments: <u>https://www.dca.ga.gov/local-government-assistance/construction-codes-industrialized-buildings/construction-codes</u>

For more information, you may contact the Department of Planning & Sustainability at (404) 371-2155, or email: Zoning: plansustain@dekalbcountyga.gov; Plans Review: permitinfo@dekalbcountyga.gov; permitinfo@dekalbcountyga.gov; permitinfo@dekalbcountyga.gov;