



Development Services
General Permit Application



<input type="checkbox"/> Dougherty County	<input type="checkbox"/> City of Albany	Date ____/____/____	Total Valuation \$
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Project Address	Suite ____ Bldg ____ Unit ____
Building Use <input type="checkbox"/> Residential SF <input type="checkbox"/> Residential MF <input type="checkbox"/> Commercial	
Work Authorized <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other	
Improvement <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> None	
Type of Project	

Owner	Applicant <input type="checkbox"/>
Owner Address (If Different from Project Address)	Suite ____ Bldg ____ Unit ____
City	State Zip Code
Phone	Email
Are you Applying as an Owner/Builder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Printed Name	Signature

Contractor	Applicant <input type="checkbox"/>
Contractor Address	Suite ____ Bldg ____ Unit ____
City	State Zip Code
Phone	Email
Contractor License #	Name/Agent
Printed Name	Signature

** **Historic District** **Flood Area** **Health Department** (Septic Restaurant) **

Scope of Work:

****Required****



Development Services
Plan Review Application



Applicant		Date ____/____/____
Applicant Address		Suite ____ Bldg ____ Unit ____
City	State	Zip Code
Phone	Email	
Printed Name	Signature	

Project Address		Suite ____ Bldg ____ Unit ____
<input type="checkbox"/> Dougherty County <input type="checkbox"/> City of Albany Zoning Classification _____		
Parcel Number _____ Lot _____ Tract _____ Block _____		
Building Use <input type="checkbox"/> Residential SF <input type="checkbox"/> Residential MF <input type="checkbox"/> Commercial # of Units _____ # of Bldgs _____		
Type of Construction <input type="checkbox"/> I A B <input type="checkbox"/> II A B <input type="checkbox"/> III A B <input type="checkbox"/> IV <input type="checkbox"/> V A B Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Building Located in: <input type="checkbox"/> Flood Plain <input type="checkbox"/> Flood Hazard Area Elevation of Flood Plain _____		
First Floor Elevation _____ Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No Site Septic System <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Stories 1 2 3 4 5 6 Building Height Allowed _____ Building Height Actual _____		
Building Square Feet Allowed _____ New _____ Existing _____		
Type of Occupancy <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Hazardous <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Utility		
Number of Restrooms Required Men _____ Women _____ Provided Men _____ Women _____		
ADA Restrooms Required _____ ADA Restrooms Provided _____		
Does Project Require Architect or Engineer per Georgia Title 43 Chapter 4 <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Drawings Stamped <input type="checkbox"/> Yes <input type="checkbox"/> No Three Copies Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Site Plan <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Exits Required _____ Provided _____ Occupant Load _____		
ComCheck Data Provided <input type="checkbox"/> Yes <input type="checkbox"/> No ResCheck Data Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Building Valuation \$ _____ Building Permit Fee \$ _____		
Building Plan Review Fee \$ _____		

Plan Review fees are due upon plan submission

PLANNING, DEVELOPMENT SERVICES & CODE ENFORCEMENT