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**CITY OF SNELLVILLE**  
 Department of Planning & Development  
 2342 Oak Road, 2<sup>nd</sup> Floor  
 Snellville, GA 30078  
 Phone (770) 985-3514 Fax (770) 985-3551  
[www.snellville.org](http://www.snellville.org)

## BUILDING PLAN SUBMITTAL FORM

APPLICANT & CONTACT INFORMATION	PLANS SUBMITTED BY
Firm Name: _____ Contact Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Ph: _____ Fax: _____ Cell: _____ E-Mail Address: _____	<input type="checkbox"/> General Contractor <input type="checkbox"/> Professional Architect/Engineer <input type="checkbox"/> Resident Homeowner <input type="checkbox"/> Other _____  <b>PLAN REVIEW FEES COLLECTED</b> <input type="checkbox"/> \$400 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$75 <input type="checkbox"/> \$50 By: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Rcvd By: _____

PROJECT INFORMATION	PROJECT TYPE
Project Name: _____ Unit/Phase: _____ Project Street Address: _____ Building Designation: _____ Floor Designation: _____ Suite Designation: _____ Shopping Center Name: _____ Office/Commercial Center Name: _____ District(s): _____ Land Lot(s): _____ Parcel(s): _____ Zoning District: _____ Was this location previously rezoned? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other _____ <input type="checkbox"/> New Construction (Complete) <input type="checkbox"/> Shell Only <input type="checkbox"/> White Box <input type="checkbox"/> Interior Finish <input type="checkbox"/> Addition <input type="checkbox"/> Interior Alteration/Remodel <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Monument Sign / Wall Sign Total Square Footage: _____ SF Construction Contract Price: \$ _____ (Required)

BUILDING PLAN SUBMITTAL REQUIREMENTS					
Building Plans must <b>FIRST</b> be reviewed and approved by the State and County agencies indicated below, <b>BEFORE</b> submission to the City of Snellville for review. Please contact these agencies to determine the required number of plan sets. The City of Snellville requires three (3) complete sets of stamped and approved plans at time of plan submittal.					
Project Type	GA Dept. of Agriculture	State Fire Marshal	County Fire Marshal	County Environmental Health	County Water Resources
Residential Building Plans (Residence connected to Septic System)	No	No	No	YES	No
Commercial (Office / Retail / Other Use)	No	CALL	YES	No	YES
Commercial (Food Service Business Establishment or Restaurant)	No	No	YES	YES	YES
Commercial (Grocery, Convenience Store or Market)	YES	No	YES	No	YES

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 business 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 an 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 governmental approvals be obtained, the permit Applicant shall be required to obtain such approvals before a new plan report can be submitted.			
_____ Applicant Printed Name	_____ Date	_____ Building Official Printed Name	_____ Date
_____ Applicant Signature		_____ Building Official Signature	