SNELLVILLE
Planning and Development

City of Snellville
Department of Planning and Development
2342 Oak Road, 2nd Floor
Snellville, GA 30078
www.snellville.gov

(770) 985-3513
(770) 985-3514

RESIDENTIAL SINGLE FAMILY

BUILDING PERMIT CHECKLIST AND APPLICATION

(Use for Residential New Construction of Homes, Additions or Remodels)

This is a checklist to assure that you are submitting a complete application. Please verify the address before completing this packet. Go to Snellville.gov and click on "Am I In The City?"
Incomplete Submittals will not be accepted. At this time all submittals must be made in person or by mail. We currently do not have an online portal system.

A COMPLETE SUBMITTAL INCLUDES:

SEPTIC OR SEWER HOOKUP:

____ Determine if address will already has or will require a septic tank installation or Sanitary Sewer.
**If on septic system: submit septic approval with this application. Environmental Health of Gwinnett County regulates septic tanks (770-963-5132 Environmental Health Webpage).
**If address is serviced by the Sanitary Sewer System submit proof of water sewer hookup a receipt for water and sewer connection will be required (Gwinnett County Water Resources 684 Winder Hwy. Lawrenceville, Georgia Water Resources Webpage).

PLANS:

____ Submit (3) sets printed plans, bound in order, minimum size 11" x 17" and must be legible.
location and building plan details with a complete scope of work that includes any details to heating & air, electric, or plumbing.
___ Submit (1) pdf version

FORMS:

____ Complete – Plan Review Form
____ Complete - Building Permit Application
____ Complete – General Contractor Registration or Homeowner Acting as General Contractor Affidavit
____ Complete – Solid Waste Affidavit
____ Complete – each Subcontractor trade to complete an affidavit. Affidavits may be emailed **with the address included of the job along with a current state of Georgia Builders License, Driver's License and a current Business License. Send in pdf format or scan into jpeg format. Email both Carole Amos camos@snellville.gov and Esther Ndewa endewa@snellville.gov**
____ Complete – Erosion Control Affidavit (if disturbing more than 1 acre of soil).
____ Submit General Contractor's Registration form, Georgia State Professional license, Driver's license and current Business License.

REV 9.1.26

SNELLVILLE

Planning and Development

PERMIT NUMBER#_____

DATE RECEIVED:

Office Use Only

Planning & Development
City of Snellville
2342 Oak Rd. 2nd Floor
Snellville, Georgia 30078
770.985.3513 OR 770.958.3514

BUILDING PLAN SUBMITTAL FORM

MAIL OR HAND DELIVERY ONLY

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

☐ 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 Articale 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 reciept of any plan revisions which addresses the plan deficiences, 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 deficiences 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.

APPLICANT PRINTED NAME DATE	PROCESSED BY (STAFF NAME)
APPLICANT SIGNATURE	DATE

SNELLVILLE
Planning and Development

APPLICATION FOR BUILDING PERMIT
CITY OF SNELLVILLE, GEORGIA

MAIL OR HAND DELIVER

2342 Oak Rd.
2nd Floor
Snellville, GA 30078
www.snellville.gov

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

☐ NEW CONSTRUCTION ☐ ADDITION ☐ REPAIR ☐ ACCESSORY STRUCTURE
☐ INTERIOR FINISH ☐ ALTERATION ☐ SHELL ONLY ☐ 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)

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

SUBCONTRACTOR AFFIDAVIT

SNELLVILLE
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City Of Snellville Department of
Planning & Development
2342 Oak Road, 2nd Floor, Snellville, Ga 30078
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770.985.3513
770.985.3514

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 or (770) 985-3514 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 *or* SEE BELOW FOR EMAIL INFO.

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:

- ☐ Electrical Contractor Class I
- ☐ Master Plumber Class I
- ☐ Conditioned Air Contractor Class I
- ☐ Low-Voltage Contractor Class I
- ☐ Electrical Contractor Class II (Unrestricted)
- ☐ Master Plumber Class II (Unrestricted)
- ☐ Conditioned Air Contractor Class II (Unrestricted)
- ☐ 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_____

EMAIL ADDRESS:_____CONTACT PERSONS 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:** _____

This form along with copies of a current Business License, Professional License and Driver's License of the cardholder may be emailed to Carole Amos at CAMOS@SNELLVILLE.GOV and Esther Ndewa ENDEWA@SNELLVILLE.GOV in PDF Format

STATE LICENSING BOARD FOR RESIDENTIAL AND COMMERCIAL GENERAL CONTRACTORS
3920 Arkwright Rd., Suite 195, Macon, GA 31210
478-207-2440
www.sos.ga.gov

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. An original Authorized Permit Agent Form for each project shall be submitted by the QA for which he/she has designated an individual to pull permits. This designated individual will be the Authorized Permit Agent. This notarized form with an **ORIGINAL SIGNATURE** (no digital signatures, copies, emails, or faxes accepted), a copy of the Qualifying Agent's license, a copy of the contractor's company license, and proof of identity (i.e., 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 the Permitting Office should be completed by visiting http://verify.sos.ga.gov/verification

Name of Qualifying Agent:	
Qualifying Agent's License # (Attach a copy of license.)	
Name of Licensed Company:	
Company License # (Attach a copy of license.)	
Name of Authorized Permit Agent: (Attach proof of identity, i.e., 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
(digital signatures are not permitted)

State of _____ County of _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

NOTARY SEAL

_____DAY OF_____, 20 _____

_____

NOTARY PUBLIC My Commission Expires:

Revised 01/2026 (all previous versions of this form are void)

Public Works Department
City of Snellville
2491 Marigold Road
Snellville, Georgia 30078
www.snellville.gov

(770) 985-3527
(770) 985-3540

SOLID WASTE AFFIDAVIT & DISCLOSURE FORM

In accordance with chapter 46 of the Snellville code of ordinances, all refuse, recyclables and yard trimmings shall only be collected, conveyed and disposed of by the franchisee.

Therefore, all applicants for a city of Snellville business license are required to contact the city of Snellville public works department to arrange for sanitation service for business solid waste.

INSTRUCTIONS:

- Applicants for a city of Snellville business license must complete box 1 and box 3.
- Applicants for a city of Snellville building permit must complete box 2 and box 3.

BOX 1

Name of Business: _____

Business Location (Address): _____ Suite: _____

Is Business Location in a Shopping Center: □ No □ Yes (Name): _____

If your sanitation service is provided by your landlord, please provide….

Landlord Name_____Phone_____

Landlord Signature_____Sanitation Account Number_____Date_____

BOX 2

Construction Project Name: _____

Project Location (Address): _____ Suite: _____

Scope of Project (check all that apply): □ New Construction □ Interior Remodel/Finish □ Demolition □

BOX 3

I hereby understand and acknowledge that the City of Snellville Code of Ordinances and Franchisee Agreement requires that all solid waste be collected, conveyed and disposed of by the Franchisee and that an account for solid waste collection and disposal must be obtained and kept current through the City of Snellville Public Works Department.

Acknowledged By:_____Date:_____

Print Name:_____Title:_____

City Use Only: Account #_____
P&D Approved:_____Date_____PW Approved:_____Date:_____

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AFFIDAVIT OF HOMEOWNER ACTING AS GENERAL CONTRACTOR

Property Address: _____ Subdivision Name: _____

Homeowner Name: _____ Date: _____

FOR (Check one): ☐ NEW CONSTRUCTION ☐ ALTERATION/ REMODEL / ADDITION

☐ REPAIR (FIRE OR OTHER HAZARD DAMAGE)

Describe Work to be Performed:_____

_____

I, _____, homeowner of the subject property, will be acting as general contractor for work to be performed at this property. I will personally perform the work, or I will directly hire and pay the individual trades to perform the work, including framing, electrical, mechanical, plumbing, roofing, siding, drywall, painting, etc., as applicable. I will be personally providing direct supervision and management of all trades.

I will not hire or contract with any unlicensed individual or company to obtain, manage, or supervise the construction trades people because I understand that any person performing these management tasks must have a contractor's license under Georgia Law.

I also recognize that if I contract with an unlicensed individual or company to perform work which, in Georgia, requires a contractor's license, such contract may be unenforceable under Georgia law. I further understand that knowingly representing that I will be homeowner/contractor for the purposes of obtaining a building permit, when in fact I will not be personally performing or managing the work, is a misdemeanor and may result in fines or other remedies of law.

I will personally perform the work, or I will directly hire and pay the following individuals or companies (as applicable), as itemized on the attached schedule.

I, the undersigned, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents is true and correct.

Homeowner Signature: _____ Date: _____ State of Georgia, County of Gwinnett - Subscribed and sworn to before me this day___ of_____ ,20 _____

Signature of Notary Public _____ AFFIX NOTARY SEAL

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SOIL EROSION & SEDIMENT CONTROL AFFIDAVIT

COMPLETE ONLY IF DISTURBING OVER 1 ACRE

Subdivision or Project Name_____
Project Address_____City_____State_____Zip_____

Company Name_____Contact Person:_____
Company Address_____City_____State_____Zip_____
Company Phone_____ Contact Email:_____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 approves 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.

_____ _____
Print Name Signature

_____ _____
Date Signed Title

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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 are 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. We cannot guarantee inspections if the list is full near the cutoff time.

Call the Department of Planning and Development at 770-985-3513 or 770-985-3514 to schedule. If requests are left on the voicemail you are required to still call if we haven't confirmed receiving your request. Email both Carole Amos camos@snellville.gov and Esther Ndewa endewa@snellville.gov in case one of us is not in the office.

Requested inspections that are not ready for inspections 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;

1st re-inspection fee	$50.00	4th re-inspection fee	$125.00
2nd re-inspection fee	$75.00	5th re-inspection fee	$150.00
3rd 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.