



**CITY OF PEACHTREE CORNERS
BUILDING DEPARTMENT**

310 Technology Parkway, Peachtree Corners, GA, 30092
Tel: 678-691-1200 | www.peachtreecornersga.gov

Trade Permit Application

Application Date: _____ Applicant Name: _____

Phone: _____ Email: _____

Type of Work: Electrical / Low Voltage HVAC / Mechanical Plumbing / Gas

Estimated Value of Work (Labor and Materials): _____

PROJECT INFORMATION

Job Site Address: _____

Subdivision: _____ Lot Number: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____

Existing Building? Yes No E- Plan Number: _____

Use: Commercial Single Family Multi-family Number of Units: _____

Scope of Work:

CONTRACTOR INFORMATION

Business Name: _____ State Certification Number: _____

Phone: _____ Fax: _____

Street Address: _____

Occupational Tax Number: _____ City / County Held: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

State License Number Signature of Contractor Date

Applicant MUST attach a copy of: Driver's License, State License Card, and Business License (Occupation Tax License)

FOR OFFICE USE ONLY		
Administrative Fee: \$ _____	Permit Fee: \$ _____	Total Fee: \$ _____
Permit Number: _____		Application Accepted by: _____