



# Commercial Building Permit Application

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Updated **JUNE 2023**

## NOTICE TO APPLICANTS

A site plan (one complete set of plans and a digital set of plans) must accompany a commercial application. Permit Holder agrees to hold the City of Pooler harmless on any construction covered by the permit resulting in construction of wetlands. This permit becomes null and void if work or construction authorized is not commenced within a six-month period or if construction or work is suspended or abandoned for a period of six months at time after work is commenced. Inspections may be scheduled at [www.pooler-ga.gov](http://www.pooler-ga.gov).

## OFFICE USE ONLY

Permit Number: \_\_\_\_\_ PIN: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Plan Review Fee: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Project Information

Project Address \_\_\_\_\_ Lot Number \_\_\_\_\_ Lot Size \_\_\_\_\_

Total Sq.Ft. Under Building Roof \_\_\_\_\_ Building Height \_\_\_\_\_ Number of Stories \_\_\_\_\_ Impervious Coverage % \_\_\_\_\_

Owner Name \_\_\_\_\_ Owner Mailing Address \_\_\_\_\_

Owner Email \_\_\_\_\_ Owner Phone \_\_\_\_\_

Contractor Name \_\_\_\_\_ Contractor Mailing Address \_\_\_\_\_

Contractor Email \_\_\_\_\_ Contractor Phone \_\_\_\_\_

Architect/Engineer Name \_\_\_\_\_ Architect/Engineer Mailing Address \_\_\_\_\_

Architect/Engineer Email \_\_\_\_\_ Architect/Engineer Phone \_\_\_\_\_



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## Use/Class of Work

Commercial     Industrial     Multi-Family Residential     Buildout     Addition     Alteration

Describe Work \_\_\_\_\_

\$ Valuation of Work \_\_\_\_\_

Fire Protection:  Yes     No

Statement of Special Inspections:  Yes (provide statement) \_\_\_\_\_  No

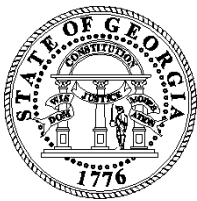
## Affidavit

In consideration of the granting of the above requested permit, I do hereby agree that I will in all respects construct the work in accordance with the above statement and the Plans and Specifications herewith submitted, and filed in the Planning & Development - Building & Inspections Department and in compliance with all the state and local Laws and Ordinances regulating construction.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS**

237 Coliseum Drive, Macon, GA 31217

404-424-9966

[www.sos.ga.gov/plb](http://www.sos.ga.gov/plb)

**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 <http://verify.sos.ga.gov/verification>

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:



# Subcontractor Certification of Work

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## Project Information

Project Address \_\_\_\_\_ Permit Number \_\_\_\_\_

Owner \_\_\_\_\_ Contractor \_\_\_\_\_

## Electrical Work Affidavit

I hereby certify that I will perform the Electrical work for the Owner/Builder stated above and I further certify that I have both a valid State and Local Business License. (Attach copy of State and Local Business Licenses.)

Company Name \_\_\_\_\_ State License Number \_\_\_\_\_ Business License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Mechanical Work Affidavit

I hereby certify that I will perform the Mechanical work for the Owner/Builder stated above and I further certify that I have both a valid State and Local Business License. (Attach copy of State and Local Business Licenses.)

Company Name \_\_\_\_\_ State License Number \_\_\_\_\_ Business License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Plumbing Work Affidavit

I hereby certify that I will perform the Plumbing work for the Owner/Builder stated above and I further certify that I have both a valid State and Local Business License. (Attach copy of State and Local Business Licenses.)

Company Name \_\_\_\_\_ State License Number \_\_\_\_\_ Business License Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_