



City of McDonough
Community Development – Building & Inspections Division
136 Keys Ferry Street, 3rd Floor, McDonough, GA 30253
Office (678-782-6224) Fax (678-432-4665)

RESIDENTIAL PERMIT CHECKLIST

Address: _____

Lot # _____ Subdivision: _____

_____ Date Submitted _____

_____ House Location Plans (2 copies) _____

_____ Original Building Permit Application _____

_____ Water Meter Receipt (if serviced by the County) _____

_____ Water/Sewer Application (if serviced by the City of McDonough) _____

_____ NOI (please include the following)

(1) Receipt from EPD _____

(2) Copy of Level 1A Certified Personnel (blue card) _____

_____ Completed Inspection Affidavit _____

_____ Georgia Residential Occupational Tax License (current) _____

_____ State of Georgia General Contractor's License (current) _____

_____ General Contractor's Driver's License (copy) _____

_____ Authorized Permit Agent Form (if applicable) _____

_____ Homeowner/Builders Affidavit (if applicable) _____

_____ Recorded Plat (if not a Subdivision) _____

_____ Sub-Contractors' are responsible for pulling their own permits. Should the General Contractor choose to pull permits for the sub-contractor(s), a complete application for Electrical, Plumbing and HVAC (signed by the card holder) must be submitted along with a copy of the card holder's current business license, State License and legible Driver's License of each sub-contractor.

_____ Two complete sets of "detailed legible floor plans" (min. 11 x 17 inches in size) that show Elevations, Foundation Plan and Floor Plan (including Square Footage). _____

Office Use Only Below This Line

_____ Verified Information: _____

_____ Letter of Conformity

_____ Submitted to Building Official for review on ____/____/____.

Approved or Denied

_____ Notated Final Plat

_____ Submitted to Community Development Director for review on ____/____/____.

Approved or Denied

Additional Comments: _____



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APPLICATION FOR RESIDENTIAL BUILDING PERMIT

PERMIT NO:

MINIMUM PERMIT FEE \$75.00

Penalty fees will be assessed on any work performed prior to obtaining permit(s)

THIS APPLICATION SHALL BE MADE IN ACCORDANCE WITH APPLICATION REQUIREMENTS OF THE CITY OF MCDONOUGH'S CODE FOR A PERMIT TO ERECT, ALTER, REPAIR, OR USE A STRUCTURE AS DESCRIBED HEREIN AND AS REQUIRED BY THE DEVELOPMENT PERMIT.				
Address:				Lot #:
City:		State:		Zip:
Subdivision:				
Foundation: <input type="checkbox"/> Mono Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement Slab				
HEATED SF:	UNHEATED SF:	COVERED PORCH SF:	GARAGE SF:	TOTAL SQUARE FOOTAGE UNDER ROOF:
#Stories:		#Rooms:	#Baths:	#Kitchens:
Exterior Building Elevations:		FRONT:	LEFT:	REAR:
				RIGHT:
ESTIMATED COST OF CONSTRUCTION: \$			ZONING:	

SANITARY FACILITIES: ☐ CITY WATER ☐ CITY SEWER ☐ COUNTY WATER ☐ COUNTY SEWER

NOTE: A receipt showing that all water and sewer fees have been paid is required before a building permit is issued.

General Contractor/Owner:			
Address:		City:	State:
			Zip:
24hr Contact Name:		Office Phone:	Fax:
GC-State Lic./Exp. Date	GC-Business Lic./Exp. Date	D.L. #	Email:

Notice: All sub-contractors are required to secure separate permits for each trade. Failure to secure may result in a stop work order, fine and/or other penalties including revocation of permit and/or probationary period prior to approval of subsequent permit for both contractor and "unauthorized" sub-contractor. The applicant shall be responsible from the date of this application, or from the time of the beginning of the first work, whichever shall be earlier, for all injury or damage of any kind resulting from this work, whether for basic services or additional services, to persons or property. The applicant shall exonerate, indemnify and save harmless the City of McDonough from and against all claims or actions and all expenses incidental to the defense of any such claims, litigation, and actions based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connecting with the performance of Development Permit or by conditions created thereby or arising out of or anyway connected with work performed under the permit or for any and all claims or damages under the laws of the United States or of Georgia out of or in any way connected with the acquisition of and construction under the permit and shall assume pay for without cost to the City of McDonough, the defense of any and all claims, litigations, and actions suffered through any act or omission of the applicant or and subcontractor, or anyone directly or indirectly employed under the supervision of any of them.

I hereby certify that I have examined and understand all information on this application and that the above statements and information supplied by me are true and correct. To the best of my knowledge, all provisions of laws and ordinances governing work to be performed shall be complied with whether specified herein or not.

PRINT:

APPLICANT'S SIGNATURE:

Date:

DO NOT COMPLETE THE FOLLOWING - OFFICE USE ONLY

Set back from property lines:	Front:	Rear:	Left:	Right:
Cost of Permit: \$	Authorized Permit Agent form required: YES NO	Impact Fees: \$2,209.16	Water Fees: \$	Sewer Fees: \$
Total of all Fees \$	Approved by:		Permitted by:	

ADDITIONAL COMMENTS:



City of McDonough
Community Development – Building Division

PRE-CONSTRUCTION AFFIDAVIT

This affidavit must be submitted before a Building Permit will be issued.

Project Name: _____
Job Site Address: _____
Owner's Name: _____
Owner's Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email Address: _____
Phone: _____ Fax: _____
Email Address: _____

- When applicable, the City of McDonough must secure approval from outside agencies prior to approval of a final inspection: Henry County Health Dept. and/or Henry County Water & Sewer Authority
- Inspection request called in before 4:00 p.m. to 678-782-6217, will be scheduled to be done the following working day, time permitting. Appointment times for inspection will not be made.
- Inspection request will not be accepted over cell phones.
- Third Party inspections are not accepted without prior approval from the Building Official.
- Pictures, of any form, are not accepted in lieu of an inspection.
- Must secure proper permit prior to the commencement of any SITE or PREP work; any work performed without proper permits shall result in double permit fees.
- Cover-up item(s) that are required to be inspected, but have not received or passed an inspection will result in a "Stop Work Order" being issued and the uncovering of item(s).
- Sub-Contractor(s) are responsible for pulling their own permits; any work performed without proper permits shall result in double permit fees.
- Permit Cards must be posted and official date stamped/approved plans by the City of McDonough must be available on-site prior to any inspections.
- Signs must be permitted separately. Contact Tina Tebo, Community Development Secretary at 678-432-4622, ext. 2111.
- All applicable BMP's (Best Management Practices) must be maintained for the duration of the above mentioned project.
- On-Site restroom facilities must be provided and maintained at all times.

I hereby acknowledge and understand the above procedures. Be it understood, that I will also inform all contractors on this job site of these procedures.

Print Name: _____ Title: _____
Signature: _____ Date Signed: _____



State Licensing Board for
Residential and General Contractors

Authorized Permit Agent Form

License verification by permitting office should be completed by visiting sos.ga.gov/plb/

Licensed Contractor: _____ Individual _____ Qualifying Agent

Name of licensed person _____

*Please attach a copy of Individual license or Company License (Reflects company and qualifying agent license number)

License number of individual or qualifying agent: _____

Name of licensed company(if applicable) _____

License number of company(if applicable): _____

I, _____, hereby designate
Licensed Individual or Qualifying Agent

_____ to apply for and obtain the permit(s) for the
*Please attach a copy of the authorized permit agent's driver's license.

project at:

Street address

Apartment or Suite Number

City

Zip Code

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of individual or qualifying agent _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____
20____

Signature of Notary Public _____

Seal



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WATER AND SEWER TAP-ON APPLICATION AND FEE SCHEDULE

Name: _____ Date: _____

Construction Address: _____

Tax ID # or EIN #: _____

Lot #: _____ Subdivision: _____

Water Meter Size: _____ Sewer Tap Size: _____

Water Tap Fee: _____ Sewer Tap Fee: _____

Recovery Fee: _____ Long Side Bore: _____

TOTAL FEES: _____ **DATE PAID:** _____

Billing Address of Applicant: _____

Applicant's Signature: _____

Application Taken By: _____

CAPITAL RECOVERY FEE WORKSHEET

SIZE	Water Connection Only	Sewer Connection Only	Recovery fee	Totals
¾"	\$2,003.35	\$1,832.34	\$255.00	\$4,090.69
1"	\$3,339.60	\$3,054.52	\$270.00	\$6,664.12
1½"	\$6,677.18	\$6,107.22	\$440.00	\$13,224.40
2"	\$10,683.90	\$9,771.93	\$565.00	\$21,020.83
3"	\$20,033.57	\$18,323.50	\$565.00	\$38,922.07
4"	\$33,389.96	\$30,539.80	\$565.00	\$64,494.76
6"	\$66,777.92	\$61,077.74	\$565.00	\$128,420.66
8"	\$106,845.08	\$97,724.76	\$565.00	\$205,134.84

Georgia Residential Energy Code Compliance Certificate*

Builder/Design

Professional: _____

Phone: _____

Envelope Summary:

- List the R-Value for the following components:

Flat ceiling/roof: _____
Exterior wall: _____
Attic kneewall: _____
Basement stud wall: _____
Crawlspace stud wall: _____
Foundation slab: _____
Cantilevered Floor: _____

Sloped/vault ceiling: _____
Above grade mass wall: _____
Attic kneewall sheathing: _____
Basement continuous: _____
Crawlspace continuous: _____
Floors over unconditioned space: _____
Other insulation: _____

- Fenestration Components:

Window U-factor: _____
Skylight U-factor: _____
Glazed Door U-factor: _____

Window SHGC: _____
Skylight SHGC: _____
Opaque Door U-factor: _____
(<50% glazed)

- Building Envelope Tightness (BET):

BET test conducted by: _____ Phone: _____
Fan Flow at 50 Pascals = _____ CFM₅₀ Total Conditioned Volume = _____ ft³
 $ACH_{50} = CFM_{50} \times 60 / \text{Volume} = \text{_____}$ ACH_{50} (must be less than 7 ACH_{50})

Low Rise Multifamily Visual Inspection Option

(The visual inspection option may be conducted by a third-party instead of the BET test for R-2 buildings only.)

Visual inspection conducted by: _____ Phone: _____

Mechanical Summary:

Water Heater Energy Factor: _____ Ef Fuel type: ☐ Gas ☐ Electric ☐ Other

Number of Heating and Cooling Systems: _____

Heating System Type (choose one):

☐ Gas: _____ AFUE ☐ Air-Source Heat Pump: _____ HSPF
☐ Other: _____ Efficiency: _____

Cooling System Type (Standard DX, Heat Pump, Geothermal, etc.): _____

Cooling System Efficiency: _____ ☐ SEER ☐ EER ☐ Other

Heating/Cooling Load Calculations Performed by: _____ Phone: _____

Total Heating Load (Based on ACCA Man. J or other approved methodology): _____ Btu/h

Total Cooling Load (Based on ACCA Man. J or other approved methodology): _____ Btu/h

Cooling Sensible Load: _____ Btu/h Cooling Latent Load: _____ Btu/h

Total Air Handler CFM (based on design calculations): _____ CFM

Duct Tightness Test Conducted by: _____ Phone: _____

CFM₂₅ per 100 ft² of conditioned floor area = $CFM_{25} \times 100 / \text{Conditioned floor area served}$

If all ducts are not located within conditioned space, builder must verify that either the postconstruction duct leakage to outdoors (PCO) is ≤ 8 cfm/100 ft², the post construction total duct leakage (PCT) is ≤ 12 cfm/100 ft², or the rough-in test (RIT) with air handler installed is ≤ 6 cfm/100 ft². State which method was used to conduct the duct tightness test: duct blower (DB), modified blower door subtraction method (MBDS), or automated multipoint blower door (AMBD).

System	Method (DB, MBDS, AMBD)	Test (PCO, PCT, RIT)	CFM ₂₅	Area served (ft ²)	Test Result
1					
2					
3					

*Note: This permanent certificate shall be posted on or in the electrical distribution panel. Certificate shall be completed by the builder or registered design professional. Where there is more than one value for each component, certificate shall list the value covering the largest area.



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PUBLIC NOTIFICATION

5/19/15

RE: Verification of service delivery – United States Postal Service (USPS)

Attn: Developers, Builders and Members of the Public

Developers, Builders and other members of the public are advised that the United States Postal Service (USPS) requires “method of service delivery” verification, per its 2011 regulatory policies.

In order to obtain the required verification, please take the following steps:

- 1.) Review the policies and/or regulations pertaining to USPS service delivery, particularly Centralized Mail Delivery, prior to scheduling a consultation with the McDonough Post Office.
- 2.) Schedule a consultation with the McDonough Postmaster or his/her designee, in accord with USPS policies, for review of existing and/or proposed development. Upon completion of the consultation, you will be issued an approval letter by the McDonough Postmaster for the type of delivery that is agreed upon.
- 3.) Submittal of a legible, color copy of the Postmaster’s approval letter is to then be filed with the Community Development Department’s, Planning & Zoning Division’s Permit Coordinator (Tina Tebo).

Please note a building permit will not be required for installation of a USPS Centralized Mail Kiosk, if Centralized Mail is stipulated by the USPS; however, permits for the Façade and Building will be required for any accessory structure(s) to provide overhead shelter/protection.