



# CITY OF COVINGTON

Planning & Zoning Department

## Commercial Building Permit Application

Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Parcel ID \_\_\_\_\_

Permit Issued: \_\_\_\_\_

COA Required:  Yes  No

### Project Information

Street Address: \_\_\_\_\_

Lot # \_\_\_\_\_

Acreage: \_\_\_\_\_

Heated Area: \_\_\_\_\_ sq ft

Storage Area \_\_\_\_\_ sq ft

Total Area \_\_\_\_\_ sq ft

Construction Cost: \$ \_\_\_\_\_

- New Construction
- Exterior Renovation
- Interior Build-Out /Renovation
- Shell Only
- Other: \_\_\_\_\_

### Applicant Information

Please check one

- Contractor
- Architect
- Permitting Firm
- Property Owner
- Engineer
- Other \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact # \_\_\_\_\_ email address \_\_\_\_\_

### Required Items for Permitting

- 3 Full Sets of Stamped Bldg Plans (include Site Layout, Back Flow Protection Device & Grease Traps – if applicable) P/Z will keep one set and return two sets
- 1 Separate Set of Electrical Plans (for electric dept to keep)
- 1 Separate Set of Gas Plans (for gas dept to keep)
- 1 CD (PDF format)
- 1 Additional Full Stamped Set of Bldg Plans if one of the following: Restaurant, Body Art/Tattoo, Hair /Nail Salon, Hotel/Motel (

#### All Trades Requiring A State License Will To Submit The Following:

- 1) Signed Affidavit
- 2) Copy of State License
- 3) Copy of Business License
- 4) Copy of Driver License (may present in person)

- General Contractor
- Electrical Subcontractor
- Mechanical Subcontractor
- Low Voltage Contractor
- Signed Property Owner Affidavit

## Building Occupancy Classification

- Group A      **(Assembly)** used for people gathering for entertainment, worship, and eating or drinking
- Group B      **(Business)** places where *services* are provided. Examples: banks, insurance agencies, government buildings and doctor's offices. Does not include Retail
- Group E      **(Educational)** schools and day care centers from the age 2 ½ years up to the 12th grade
- Group F      **(Factory)** goods manufactured or repaired (unless considered "High-Hazard" ). Examples: factories and dry cleaners
- Group H      **(High Hazard)** production or storage of very flammable or toxic materials. Explosives and/or highly toxic materials (such as fireworks, hydrogen peroxide)
- Group I      **(Institutional)** places where people are physically unable to leave without assistance. Examples: hospitals, nursing homes, and prisons.
- Group M      **(Mercantile)** Goods are displayed and sold. Examples: grocery stores, department stores, and gas stations
- Group R      **(Residential)** Providing accommodations for overnight stay (excluding Institutional). Examples: houses, apartment buildings, hotels, and motels.
- Group S      **(Storage)** Places where items are stored (unless considered High-Hazard). Examples: warehouses and parking garages.
- Group U      **(Utility and Miscellaneous – others)** Examples: water towers, barns, towers.

Please indicate specific type of use: \_\_\_\_\_

(Examples: Restaurant, Insurance agency, Daycare)

Occupancy Load: \_\_\_\_\_ Building Height: \_\_\_\_\_ # Levels: \_\_\_\_\_

Sprinkled:  Yes  
 No

## Construction Type –IBC Table 503

- Type I      Fire Resistive – Concrete & Steel Structure (including roof)
- Type II      Non-Combustible – Steel or concrete walls. Floors & Structural framework similar to type I, but roof material is combustible
- Type III      Ordinary – Brick and Joist Structure. Masonry bearing walls with floors, structural framework and roof made of wood or other combustible material.
- Type IV      Heavy Timber – Masonry Walls like Type II buildings, but interior consists of heavy timbers.
- Type V      Wood Frame Construction – Interior & Exterior walls are wood. Wood framing, wood floor trusses/ joist, and wood roof framing.

Exterior Building Material:

Brick       Stone       Stucco/EIFS      Other \_\_\_\_\_

Roofing Material:

Metal       Asphalt      Other \_\_\_\_\_

I certify this information to be true and accurate to the best of my ability. Any changes must be submitted for approval to the City of Covington Planning & Zoning.

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

\_\_\_\_\_  
Date

**Contractor Information**

Contractor Name (Business) \_\_\_\_\_

Qualifying Agent Name: \_\_\_\_\_

State License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type:  General Contractor  General Contractor Limited Tier  
 Residential Basic  Residential/Light Commercial

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

General Contractor is primary contact for project  
 Primary contact for project is: \_\_\_\_\_ Title: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**GA Licensed Subcontractor Information**

**Electrical Contractor**

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Plumbing Contractor**

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Mechanical Contractor**

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Low Voltage Contractor**

Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I do certify that I am responsible for each required licensed subcontractor to hold a current Georgia license & local Business License (can be issued through any jurisdiction within the State of Georgia). It is my sole responsibility to notify the City of Covington Planning & Zoning in writing of any change in the status of myself (as contractor) or any subcontractor performing scopes of work listed on this page. Any false information or representation will be prosecuted under all applicable laws or ordinances.

\_\_\_\_\_  
General Contractor Date

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
Notary Public My Commission Expires:

Property Owner Affidavit

Name of Property Owner( s): \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number: \_\_\_\_\_

Approximate Date Purchased: \_\_\_\_\_

I certify that I am the legal owner of record for said property. I agree to allow \_\_\_\_\_  
Name of Contractor

to represent me on all matters pertaining to the construction process, including but not limited to: plans, permitting and inspections on said property:

If this relationship changes at any time, it is my sole responsibility to notify the City of Covington in writing.

\_\_\_\_\_  
Property Owner (s)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
Notary Public

My Commission Expires:

NO PERMITS WILL BE ISSUED UNTIL PROPERTY OWNER AFFADAVIT IS SIGNED

Subcontractor Affidavit

PROJECT ADDRESS: \_\_\_\_\_ GC: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Please Check Subcontractor Type:

General Contractor       Mechanical Subcontractor

Electrical Subcontractor       Low Voltage Contractor

Company Name: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

State Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Licensed Signature

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_



## SOIL AND TREE CONSERVATION PLAN REVIEW CHECKLIST

### COMPLETE CHECKLIST AND RETURN WITH PLANS

Project Name \_\_\_\_\_

Date on Plans \_\_\_\_\_

Address \_\_\_\_\_

Plan Page	Included Y/N	
<input type="checkbox"/>	<input type="checkbox"/>	1. Size of project area in acres or square feet
<input type="checkbox"/>	<input type="checkbox"/>	2. Size of buildable area in acres or square feet
<input type="checkbox"/>	<input type="checkbox"/>	3. Total landscaped area required in percent and square foot area
<input type="checkbox"/>	<input type="checkbox"/>	4. Total canopy cover required in percent and square foot area
<input type="checkbox"/>	<input type="checkbox"/>	5. Summary table of tree canopy coverage for conserved trees by individual trees or tree groups, and for planted trees by species, mature size and canopy category
<input type="checkbox"/>	<input type="checkbox"/>	6. Delineation of required buffers, landscaped areas, open space, and recreation areas
<input type="checkbox"/>	<input type="checkbox"/>	7. Location and size of proposed structures or additions to existing structures, paved areas, and all other site improvements
<input type="checkbox"/>	<input type="checkbox"/>	8. Construction entrance and exit
<input type="checkbox"/>	<input type="checkbox"/>	9. Delineation of tree conservation areas
<input type="checkbox"/>	<input type="checkbox"/>	10. Species, DBH, and location of trees to be conserved; including both trunk location and extent of tree protection zone
<input type="checkbox"/>	<input type="checkbox"/>	11. Location of all existing and proposed overhead and underground utilities
<input type="checkbox"/>	<input type="checkbox"/>	12. Type and location of tree protection fencing and other tree protection structures required
<input type="checkbox"/>	<input type="checkbox"/>	13. Species, caliper, and location of trees to be planted
<input type="checkbox"/>	<input type="checkbox"/>	14. Tree protection statement for all conserved trees: "Tree protection measures will be maintained at all times. Additional tree protection measures will be installed if deemed necessary by an on-site inspection"
<input type="checkbox"/>	<input type="checkbox"/>	15. Tree maintenance statement for all planted trees: "Trees will be maintained throughout their life using best management practices; maintenance within the first three years after planting will include watering three years after planting will include watering, mulching, and pruning."
<input type="checkbox"/>	<input type="checkbox"/>	16. Species, DBH, and location of tree growing on the adjacent public street right-of-way or public property
<input type="checkbox"/>	<input type="checkbox"/>	17. Project activity schedule



City of Covington **AFFIDAVIT**

**THIS FORM MUST BE COMPLETED, SIGNED & SUBMITTED TO OBTAIN A BUILDING PERMIT. *No permanent power or Certificate of Occupancies will be issued until "all" contractors have current permits and license.*** Please use **blue ink** for the general and owners' signatures. Date of Permit Application: \_\_\_\_\_ Subdivision

Name: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Job/Site Address: \_\_\_\_\_

Permit Holder's Name \_\_\_\_\_ (Check one) General Contractor { }, or Property Owner { },

Day time phone numbers: Cell/Mobile ( ) \_\_\_\_\_ (Bus) ( ) \_\_\_\_\_ (Ho)( ) \_\_\_\_\_

Fax( ) \_\_\_\_\_

**The General Contractor is responsible for paying for the permit (including the subs) and for attaching a copy of the current sub-contractor's state card and Occupation tax receipt (business license). For legal purposes, this form requires a notary or witness. WE ACCEPT STATE LICENSED SUB-CONTRACTORS ONLY:**

**Electrical Contractor (Check one) Class 1 Restricted { }; Class II Unrestricted { }**

Company or Contractor's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_, State Card # \_\_\_\_\_ City/County Occupational Tax Receipt  
(business license) # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Holders' Signature: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Work  
( ) \_\_\_\_\_ Beeper/Pager/Cell ( ) \_\_\_\_\_ Home

**Master Plumber (Check one) Class 1 Restricted { }; Class II Unrestricted { }**

Company or Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_, State Card # \_\_\_\_\_ City/County Occupational Tax Receipt  
(business license) # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Work  
( ) \_\_\_\_\_ Beeper/Pager/Cell ( ) \_\_\_\_\_ Home

**Mechanical Contractor: (Heating & Air Conditioning) (Check one) Class 1 Restricted { }; Class II Unrestricted { }**

Company or Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_, State Card # \_\_\_\_\_ City/County Occupational Tax  
Receipt (business license) # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_ Work  
( ) \_\_\_\_\_ Beeper/Pager/Cell ( ) \_\_\_\_\_ Home

**Low-Voltage Contractor (Check one) Class LV-A { }, LV-T { }, LV-G { }, LV-U { }**

Company or Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_, State Card # \_\_\_\_\_ City/County Occupational Tax  
Receipt (business license) # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Card Holders' Signature: \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Beeper/Pager/Cell ( ) \_\_\_\_\_ Home

I \_\_\_\_\_, the general contractor, do hereby certify that I am responsible for each required licensed contractor to hold a currently dated Occupational Tax License Receipt and State Card Certification. Any false information or representation will be prosecuted under the laws of the City ordinances. I understand that I am responsible for any change in my status, the status of my sub-contractors, or this permit, or this particular job, or relative matters until the job is complete and a Certificate of Occupancy is granted. All status changes shall be reported to the Planning and Zoning Administrator and/or Building Inspector, in writing, within 10 days of the proposed status change. Please print: name of property owner: \_\_\_\_\_, and general contractor \_\_\_\_\_ Dated: \_\_\_\_\_

Signature: General Contractor or Permit Holder

Signature: Property Owner

**PERMITS APPLICATION:** For assistance, please call 770 385-2020 or 2021. Property Address: \_\_\_\_\_

Lot or parcel No. \_\_\_\_\_ Zoning District: \_\_\_\_\_, Subdv./Construction Title \_\_\_\_\_ Construction type: New\_\_ Alteration\_\_ Repair\_\_ Demo/Moving \_\_

Zoning/Land Use information Residential\_\_ Commercial\_\_ Industrial\_\_ Other \_\_

Owner's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Contact Numbers: ( ) \_\_\_\_\_ Contractor Name: \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Contact Nos. (Cell) (\_\_\_\_) \_\_\_\_\_ (Beeper)  
 (\_\_\_\_) \_\_\_\_\_ (Office) (\_\_\_\_) \_\_\_\_\_ Contractor State License Number: \_\_\_\_\_, (Copy Attached)

**BUILDING PERMIT:** Valuation of construction/building: \$ \_\_\_\_\_ Construction Cost \$ \_\_\_\_\_ Sq. footage: \_\_\_\_\_  
**FEES** based on the valuation/use, cost and/or square footage: \$ \_\_\_\_\_  
**Notes:**  Foundation \$10.00  Framing \$10.00  Final \$10.00  
 Construction Review...\$10.00  Certificate of Occupancy...\$2.00: \$ \_\_\_\_\_  
 Tree Review & Inspection - \$35.00 \$ \_\_\_\_\_  
 Impact fee \$ \_\_\_\_\_  
 Inspection fee \$ \_\_\_\_\_  
**Grand Total for permit, inspections and impact fees** \$ \_\_\_\_\_  
 =====

Please **Note:** If the project is not started within six months of the date of this application, you must apply in writing for an extension. If you do not apply for an extension, we may not be obligated to honor payment of the expired permit.

**ELECTRICAL:**

Amperage 100	\$15.00	\$ _____
Amperage 150	\$20.00	\$ _____
Amperage 200	\$25.00	\$ _____
Low Voltage		\$ _____
Amperage over 200 is \$.10 per amp.		\$ _____
Inspection: (Add \$10.00 to the amp fees)		\$ <u>10.00</u>
<b>Total:</b>		\$ _____

=====

Kind and number of appliances: \_\_\_\_\_ Type and size of Circuit \_\_\_\_\_  
 Wire: \_\_\_\_\_ **Amperage over 200 is \$.10 cents per amp plus the 200 amperage rate.**

**PLUMBING:** Number of Fixtures: Water Closets \_\_\_\_ Wash Tubs \_\_\_\_ Oil Separators \_\_\_\_ Lavatories \_\_\_\_ Water Heaters \_\_\_\_ Bath Tubs \_\_\_\_  
 Sand Interceptors \_\_\_\_ Dish Washers \_\_\_\_ Washing Machines \_\_\_\_ Showers \_\_\_\_ Grease Interceptors \_\_\_\_ Sinks \_\_\_\_ Drinking Fountains \_\_\_\_  
 Garbage Disposals \_\_\_\_ Urinals \_\_\_\_ Floor Drains \_\_\_\_ Other \_\_\_\_\_

Total \_\_\_\_\_ @ **\$2.50** per fixture = \$ \_\_\_\_\_  
**Inspection/permit Fees:** Rough-in \_\_\_\_\_  
 Sewer to Street \_\_\_\_ Final Inspection \_\_\_\_ \$ \_\_\_\_\_  
**Total @ \$10.00/inspection and /fixtures** \$ \_\_\_\_\_  
 =====

<b>HVAC: Item Number</b>	<b>Fees based on \$10.00 (Ten Dollars) per item. Type of Equipment being installed</b>	<b>Permit Fees</b>
	Air Condition Units – H.P. Ea.	\$
	Gas Fired A.C. Units – Tonnage Ea.	\$
	Wall Heaters – B.T.U.	\$
	Unit Heaters – B.T.U.	\$
	Clothes Dryers	\$
	Ventilation Fans	\$
	Range Hood	\$
	Package Unit (Heating/Air)	\$
	Other:	\$
	<b>Unit Total</b>	\$
	<b>Inspection Fee</b>	\$ 10.00
	<b>Permit Fee</b>	\$ 10.00
	<b>Total Cost of Permit</b>	\$

Covington laws, permit ordinances, attached plans and/or specifications. I hereby certify that I have read, examined and know the same to be true and correct. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws.

\_\_\_\_\_  
 Date Contractor's Signature Property Owner's Signature Date



ADDRESS \_\_\_\_\_ EASEMENT NUMBER \_\_\_\_\_

**ELECTRICAL EASEMENT**

Received of the city of Covington, One and no/100 dollars (\$1.00) in consideration of which I hereby grant unto said City, its successors and assigns, the right, privilege, and authority to construct, operate, access and maintain its facilities for transmission of electrical current, including the necessary poles, wires, and fixtures upon, over and across the property which I own or in which I have an interest, in the County of \_\_\_\_\_ in the State of Georgia and upon and along the roads, streets or highways adjoining the said property. This sum is received in full payment for the above rights, and also for the right to permit the attachment of wires and apparatus of any other company or person to said facilities, the right to trim and cut trees along or near said wires and facilities, so as to clear and keep the wires and other facilities cleared at least fifty feet (50'), a minimum of twenty-five feet to either side, of primary lines, thirty feet (30'), fifteen feet to either side, of service drops, the right to cut all trees that in falling would reach the wires, the further right to erect and set the necessary guy and brace poles and anchors, and to attach thereto the necessary guy wires and the right to extend same unto the property of other parties from within the aforementioned area, said sum being received in full payment thereof.

Where I, or the corporation or partnership which I represent, am the sole or principal beneficiary of said poles, wires and fixtures, I further agree to hold the City and its employees harmless for any damage to driveways, lawns, etc., which may result from their being inadequate to support the equipment and vehicles customarily used by the City to install said facilities.

The actual line construction shall be in accordance with the attached plan unless item #2 below is initiated.

\_\_\_\_\_ #1. I do require that this work be done in accordance with the attached plan, and I have furnished a plat of my property, located in land lot(2) \_\_\_\_\_, district \_\_\_\_\_ that is true and accurate for the purposes of preparing this plan.

\_\_\_\_\_ #2. I do not desire or require that this work be set out in detail form on a plan prior to installation or construction.

WITNESS MY HAND AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, at COVINGTON, GEORGIA.

\_\_\_\_\_  
Signature of Witness for the City

\_\_\_\_\_  
Signature of Owner or his Authorized Representative  
24-hour Telephone Number ( ) \_\_\_\_\_  
Please print mailing address:  
\_\_\_\_\_  
\_\_\_\_\_

Please print general contractor and property owner names: \_\_\_\_\_  
\_\_\_\_\_.



**NOTICE!****NOTICE!****NOTICE!****NOTICE!**

Each department is separate and may have different requirements. **Please do not call Building and Zoning to speak to someone in the Engineering or Fire Departments.** For the service possible, **please make a note of the following phone numbers**. Everyone has voice mail.

**Planning and Zoning office only:**

- Scheduling rough and other inspections: building, electrical, plumbing and hvac inspections, **requires 3 hours notice**, (example) if you need an inspection in mid morning, please call the afternoon before around 3 p.m. If you need an inspection in the afternoon, please call by 10:00 a.m. of the same day **and leave the inspection requests on the City voice mail of 770 385-2021.**
- Plat review and submittals, Temporary Saw Service payments - Mary Vosyka 770-385-2020 or 2021. **Do not leave inspection requests on Mary's voice mail. The request may not get scheduled.**

Zoning questions - Debbie Dial 770 385-2178 or Randy Vinson 770 385-2179

Tree information – Kevin Sorrow 678 758 4105

Sign or HVAC questions, please call Doug or Brett 770 385-2177 or 2175

Building Code or Plumbing questions, please call Doug Banks 770 385-2177

Existing housing information, burned repairs, or tenant questions, please contact Brett Reid 770 385-2175

Payment of Temporary Power (Saw Service) or Demolitions- Mary Vosyka 770 385 2174

After payment of the temporary saw service, questions regarding the service should be addressed through Customer Service 770 385-2049.

**Environmental Compliance Dept.**

Commercial Inspections: "Plumbing under slab" Please call Butch Smith Cell 678 858-0154 and the front office for an inspection. **Allow 3 hours notice**

**Engineering: Land disturbance and S & E Inspections:**

E & S Inspections, Water/Sewer payments - **Linda Knight 770 385-2023**

E & S and storm water issues/questions - Glenn Mitchell 770 385-2187

Storm water questions – 770 385 5241

**Fire Department only:**

Code questions/inspections - David Carter 770 385-2162 or 385-2100

**FOR APPLICATIONS REQUIRING CITY OF COVINGTON PLANNING COMMISSION APPROVAL, PLEASE CONTACT ZONING ADMINISTRATOR DEBBIE DIAL FOR ASSISTANCE 770-385-2178.**

**ENVIRONMENTAL COMPLIANCE DIVISION**

Manager: Butch Smith 770 385-2085 or Cell 678-858-0154

Purpose and policy: This article sets forth the manner in which the City of Covington (hereinafter called "city") will establish in accordance with state and federal law requirements to help prevent the entry of contaminants or pollutants into any area of the city's water distribution system through cross-connections as herein defined.

Applicability: The provisions of this article are applicable to any system or mechanism supplied by the city's water distribution system including sprinkler and fire protection systems, residential systems, and, in particular, piped water for human consumption or incorporated into products or processes for human consumption.

Cross-connection is the control mechanism used to protect the City of Covington's Municipal Water System.

**Inspections:** A rough inspection is required prior to the plumbing being covered by the slab, normally called "plumbing under slab", to determine if a structure has proper devices installed to open and operate a new business \_\_\_\_, opening an existing business \_\_\_\_, or changing the use of an existing business \_\_\_\_.

On \_\_\_\_\_, an Environmental compliance inspection was made to determine if the premise requirements of a cross connection control devices were installed, to adequately protect the City's municipal water distribution system.

Based on the appropriate devices being in place, or in the process of being installed, the application is approved \_\_\_\_, denied \_\_\_\_, or continued \_\_\_\_ as follows:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Environmental Compliance Manager  
Or Representative

**COVINGTON FIRE MARSHAL REQUIRED INSPECTIONS:** David Carter 770 385-2162 or 385-2100

**Permits are required for burning debris and blasting of materials. Please contact the Fire Department (770) 385-2105.**

The Covington Fire Marshal's Office requires twenty-four hour notice to schedule the following inspections. Please call the Covington Fire Department at (770) 385-2100 for the Inspections. The contractor must provide an approved/stamped set of plans on the job site for all inspections.

#### **80% FIRE SAFETY ENGINEERING INSPECTION**

The structural components are in place and open for review/inspection of the Fire Safety components. The structural components include the following: fire walls with approved fire stopping, hazardous area separation, vertical shafts, stairways, smoke stops/draft stops, roof and ceiling assemblies, corridor and door width, ductwork/HVAC system, sprinkler piping with head location, accessible access and restrooms and site requirements.

#### **100% FIRE SAFETY INSPECTION**

All fire safety and life safety devices will be tested. This includes emergency lighting/exit signs, fire alarm systems, sprinkler systems, HVAC duct detectors with smoke test and fire doors, fire hydrant flow test. The Fire extinguishers are approved type. The accessible parking with signs completed and restrooms completed. All certification letters and NFPA test forms completed, this includes underground fire protection, sprinkler system test, hydrant flow test, fire alarm test, fire door test, kitchen hood systems, fire caulk systems. The contractor will be signed off if all items are completed. In order for the building to be occupied a Final Inspection will be conducted.

#### **FINAL FIRE SAFETY INSPECTION**

A final inspection is conducted when the occupant has moved all furniture, storage, product, supplies, racks, tables, chairs, equipment and devices necessary to conduct business in the facility. The building Certificate of Occupancy is issued by the Fire Marshal. **The fee for the Certificate of Occupancy is \$100.00 payable to the City of Covington** is a one time fee and stays with the building unless the occupancy changes or the building is renovated.

#### **Check List:**

- ❖ Completely fill out the application, include attachments (answer every question and **notarize each form as specified**), return all pages marked with a check mark, along with the attachments.
- ❖ Each department is separate and may have different requirements. **Please do not call Building and Zoning to speak to someone in the Engineering or Fire Departments.**
- ❖ Make copies of the form as needed but sign only in blue ink. We will accept applications via internet, however, we must have the original signed in blue ink mailed or shipped to:  

City of Covington Planning and Zoning  
P. O. Box 1527 – 2116 Stalling Street  
Covington, Georgia 30017
- ❖ We may not issue building permits without the Electrical, HVAC, and Plumbing subs.
- ❖ Please call Doug Banks to schedule all building inspections: 770 385-2021 and provide at least 3 hours notice for inspections, i.e.
  - Please do not call for inspections from 11:30 to 1:00 p.m.
  - **When calling for an inspection, we need the following:** address, lot number, type of inspection being requested, whether or not you need a CO.
  - **Please leave inspection requests on the City voice mail as indicated above.**