



BUILDING PERMIT APPLICATION

☐ **COMMERCIAL** ☐ **RESIDENTIAL**

✧ Submit your application via the customer service portal at eTRAC.savannahga.gov. ✧

✧ Contact Development Services at (912)651-6510 for assistance. ✧

✧ You may also submit your Building Permit Application in person at 20 Interchange Dr. (31415). ✧

Project Site

Project/Business Name: _____ PIN: _____

Project Address: _____

Contacts

Property Owner: _____ Email: _____

Address: _____ City, State, Zip: _____ Phone: _____

Who will be responsible for this work? ☐ **Property Owner** ☐ **Tenant** ☐ **Authorized Agent** ☐ **Contractor**

Name: _____ Email: _____

Address: _____ City, State, Zip: _____ Phone: _____

Who do we contact for design explanations? ☐ **Property Owner** ☐ **Contractor** ☐ **Design Professional**

Name: _____ Phone: _____ Email: _____

Class of Work

- ☐ **New** ☐ **Addition** ☐ **Renovation/Repair** ☐ **Shell Build Out** ☐ **Manufactured/Modular**
- ☐ **Master Plan: Number** _____ ☐ **Other Building Related** (Example: barn, shed, roofing, siding, porch/deck, windows)
- ☐ **Other Non-Building Related** (Example: swimming pool) *NOTE: For demolition, sign, or fence, fill out separate application.*

Proposed Use or Activity for this Permit

COMMERCIAL:

- ☐ Amusement/Recreational ☐ Barber Shop/Salon ☐ Hotel/Motel ☐ Parking Garage
- ☐ Antenna/Tower ☐ Educational ☐ Mercantile/Retail ☐ Restaurant
- ☐ Assembly/Church ☐ Factory/Industrial ☐ Multi-family (3+ units) ☐ Shell
- ☐ **DORMITORY** ☐ Hospital/Institutional ☐ Office/Professional ☐ Storage

RESIDENTIAL:

- ☐ Single Family
- ☐ Duplex
- ☐ Townhouse
- ☐ Garage/Carport

Current/Prior Use or Previous Business Name at this location: ☐ Same ☐ Other: _____

Description of Work

Complete Description of Work: _____

Building Square Footage: _____ # Stories: _____

- ☐ Primary Structure ☐ Accessory Structure – Attached ☐ Accessory Structure – Detached

Work to include: ☐ Electrical ☐ Plumbing ☐ Mechanical/HVAC ☐ Low Voltage ☐ Sprinkler/Fire Alarm

Are **Special Inspections** required for this project? ☐ Yes ☐ No If yes, who will be responsible for this work? _____

Is this a Property Maintenance Violation or Warning? ☐ Yes ☐ No If Yes, attach write-up from Property Maintenance Dept. _____

VALUATION OF JOB:

\$ _____

(COMMERCIAL: Estimate \$125 per SF for labor, materials & profit)

(RESIDENTIAL: Estimate \$80 per SF for labor, materials & profit)

General Contractor Information

Name: _____ License #: _____ Expiration Date: _____

Address: _____ City, State, Zip _____

Phone: _____ Email: _____

Georgia Licensed Subcontractors to Work on Project

Electrical _____ Phone: _____

Plumbing _____ Phone: _____

Mechanical/HVAC _____ Phone: _____

Low Voltage _____ Phone: _____

Design Considerations

Water Service: ☐ City of Savannah ☐ Private Well ☐ Other: _____ Location & Size of Water Main: _____

Sewer Service: ☐ City of Savannah ☐ Septic Tank ☐ Other: _____ Location & Depth of Sewer Main: _____

Is property in a designated wetland? ☐ Yes ☐ No If yes, attach copy of engineer's letter.

The property is in Flood Zone _____ If the structure is located in a Special Flood Hazard Area (SFHA), there may be additional requirements that must be met. Contact the City's Floodplain Administrator at (912) 651-6510 for more information.

How many existing electrical meters?: _____ How many additional new meters?: _____

Is this project in a historic district? ☐ Yes ☐ No If Yes, is exterior work being performed? ☐ Yes ☐ No

If Yes, has a Certificate of Appropriateness (COA) been issued? ☐ Yes ☐ No

If Yes, plans must be stamped by the Historic Preservation Officer and a copy of the COA must be provided.

*If No, contact the **Historic Preservation Office** at (912)651-1440.*

Applicant Certification

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. All work performed under this permit must comply with State Law and local ordinances. Further, I understand that any permit issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinance.

I hereby certify that I have verified access to city water and sewer services for this property. Any necessary connection and requirements for service have been included in the design of these plans. If necessary, a separate Site Plan Application has been or will be submitted for review.

I understand there may be water and sewer impact fees that must be paid prior to the completion of this project.

Printed Name of Applicant (Not Company Name) _____



Signature of Applicant

Date _____

Note: For permit fee information, contact Development Services, view the City's Revenue Ordinance, or visit www.savannahga.gov and view the Building Permit Fees document. Fees can be paid by check or money order (no cash), or they can be paid online through eTRAC.

✧ Note: For **Commercial Building Renovations**, submit signed and approval "Water & Sewer Approval Form", unless a Site Development Permit is required for the project. ✧

FOR OFFICE USE ONLY

No Plans Submitted: _____ Zoning District: _____ Zoning Use: _____

Constr. Type: _____ Report Code: _____ Occupancy Type: _____

Flood Zone: ☐ X ☐ A ☐ AE ☐ VE LOMA: _____ COA Approved: _____

Firm Map #13051C- _____ -F BFE Cert. Needed: ☐ Yes ☐ No

Contractor Validation: ☐ Yes ☐ No Homeowners Affidavit: ☐ Yes ☐ No

Plan Review Fees: Total: \$ _____

Paid: \$ _____ Bal.: \$ _____ Chk/MO#: _____

Permit Fees: Total: \$ _____

Paid: \$ _____ Bal.: \$ _____

Chk/MO#: _____ Notes: _____

Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____

January 21, 2022

Savannah Development Services Department
City of Savannah Building Inspections and Plan Review
5515 Abercorn Street
Savannah, GA 31405

RE: SCAD Indian Street Residence Hall Building Permit Application

To whom it may concern,

This permit application is for BUILDING permit.

A FOUNDATION permit (21-11527-BC) for this project has already been submitted.

The following is a list of permit numbers related to this project:

- SITE PERMIT #: 21-08463-SITE
- FOUNDATION PERMIT #: 21-11527-BC

PIN Number: 02-0003-11-044

Proposed Use: New SCAD Residence Hall 17 story building including a total of 217 units (818 beds)

Valuation of Job: This dollar amount represents the total project value. Total project value less the Foundation portion of work dollar value is \$28,875,508.

If you have any questions or needs, please do not hesitate to contact me at 317-270-4404 or via email at NorrisJ@claycorp.com.

Sincerely,



Josh Norris
Senior Project Manager, Clayco, Inc.