



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: IFC Eastern Wharf Bulkhead Tiebacks PIN: _____
 Project Address: 522 Geo Meyer Avenue

Contacts

Property Owner: Savannah River Landing Land JV LLC Email: _____
 Address: 3340 Peachtree rd NE 1400 str City, State, Zip: Atlanta, GA, 30326 Phone: 1-770-238-6630

Who will be responsible for this work? Property Owner Tenant Authorized Agent Contractor
 Name: Parker Marine Contracting Email: KParker@ParkerMarine.net
 Address: 68 Braswell st. City, State, Zip: Charleston, S.C. 29405 Phone: 843-327-0701

Who do we contact for design explanations? Property Owner Contractor Design Professional
 Name: Collins Engineering Phone: 843 844 2627 Email: ebeach@collinsengr.com

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: | <input type="checkbox"/> Barber Shop/Salon | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Parking Garage | RESIDENTIAL: |
| <input type="checkbox"/> Amusement/Recreational | <input type="checkbox"/> Educational | <input type="checkbox"/> Mercantile/Retail | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Single Family |
| <input type="checkbox"/> Antenna/Tower | <input type="checkbox"/> Factory/Industrial | <input type="checkbox"/> Multi-family (3+ units) | <input type="checkbox"/> Shell | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Assembly/Church | <input type="checkbox"/> Hospital/Institutional | <input type="checkbox"/> Office/Professional | <input type="checkbox"/> Storage | <input type="checkbox"/> Townhouse |
| | | | | <input type="checkbox"/> Garage/Carport |

Current/Prior Use or Previous Business Name at this location: Same Other: None Vacant Land

Description of Work

Complete Description of Work: Installation of Tiebacks and Repair of Savannah Eastern Wharf CIP- SQ709- Dan Reel Cos Capital Projects
 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)*
 \$ 2,565,728.19 *(RESIDENTIAL: Estimate \$80 per SF for labor, materials & profit)*

General Contractor Information

Name: Parker Marine Contracting License #: _____ Expiration Date: _____
 Address: 68 Braswell St. City, State, Zip Charleston, S.C. 29405
 Phone: 843-327-0701 Email: KParker@ParkerMarine.net

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 N/A 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?: N/A 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 None needed per Dan Reel
 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.

Kent J. Parker _____ Kent Parker _____ 10/21/22
 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: _____	Plan Review Fees: Total: \$ _____
Constr. Type: _____ Report Code: _____ Occupancy Type: _____	Paid: \$ _____ Bal.: \$ _____ Chk/MO#: _____
Flood Zone: <input checked="" type="checkbox"/> X <input type="checkbox"/> A <input type="checkbox"/> AE <input type="checkbox"/> VE LOMA: _____ COA Approved: _____	Permit Fees: Total: \$ _____
Firm Map #13051C- _____ -F BFE Cert. Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid: \$ _____ Bal.: \$ _____
Contractor Validation: <input type="radio"/> Yes <input type="radio"/> No Homeowners Affidavit: <input type="radio"/> Yes <input type="radio"/> No	Chk/MO#: _____ Notes: _____
Reviewed by: Flood: _____ Zoning: _____ Building: _____ Life Safety: _____ Elect: _____ Plumb: _____ Mech: _____	