

RETAINING WALL PERMIT APPLICATION**PROJECT INFORMATION**

Project Address: _____ Zip: _____

Scope of Work: _____

Total LFT: _____ Construction Cost Total: _____

Highest point above grade: _____

PROPERTY OWNERS INFORMATION

Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

APPLICANTS INFORMATIONApplicant: Property Owner Tenant Leasing Space Contractor Authorized Agent Architect/Engineer

Name: _____ Company Name: _____

Phone: _____ Email: _____

CONTRACTORS INFORMATION

Name: _____ Signature: _____

Company: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Business Lic. # _____ State Lic. #: _____

Note: Only the Property Owner, Architect, Engineer, or General Contractor should sign this application.

EXCEPTION: An Authorized Agent may also sign, when an Authorized Permit Agent Form is completed on behalf of a State of Georgia licensed contractor. Before signing, please carefully read the statements below.

I do solemnly swear that the information on this application is true, and that no false or misleading statement is submitted herein to obtain a Building Permit or Certificate of Occupancy. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of any Building Permit or Certificate of Occupancy issued as a result of this application. I understand that I must comply with all City ordinances and regulations. I hereby agree to provide any clearance(s) and/or inspection report(s) required prior to the issuance of a Building Permit or Certificate of Occupancy.

I agree to exonerate, indemnify and save harmless the City 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 connection with any work performed under the Building Permit issued as a result of this application.

Signature: _____ Date: _____

FOR OFFICE USE ONLYApproved: Yes No Approved by: _____ Date: _____Notes: _____
_____**FEES TO BE PAID**

Administrative:	Plan Review:	Site:	Permit:	Stop Work Penalty:	Total:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INDEMINIFICATION FOR RETAINING WALL

Jobsite Address: _____

Lot #: _____ Subdivision: _____

Contractor Business Name: _____

Contractor Address: _____

Contractor Phone #: _____ Email: _____

Engineer Name: _____

Engineer Phone #: _____ Email: _____

Description of Work: _____

ENGINEER CERTIFICATION
(Required for all retaining wall permits)

I, _____, being a registered Professional Engineer in the State of Georgia, and being duly competent as regards retaining wall design and construction, and knowledgeable of the requirements of Commerce development standards and ordinances, hereby certify with my stamp and signature below that the designs and plans prepared under my supervision being submitted herewith for retaining wall(s) have been performed in a manner consistent with that degree of care and skill ordinarily exercised by members of the engineering profession currently practicing under similar circumstances; and that said retaining wall(s):

- a) Provide(s) factors of safety for sliding, bearing, overturning, and global stability of 1.5, 2.0, 2.0, and 1.5 respectively, and 1.5 for geogrid pullout and rupture if a geogrid wall design;
- b) Is/are in good practice as regards drainage and structural stability;
- c) Is/are not designed to result in disturbance or erosion to other properties;
- d) Do/does not block, cross, or eliminate access to any easement, buffer, setback, detention/retention pond, or tree save area;

Signature: _____ Date: _____

