



**City of Fort Oglethorpe
Building Department
500 City Hall Drive
Fort Oglethorpe, Georgia 30742
706-866-2544 ext. 1200**

Commercial Plan Review Checklist

1. Three sets of construction drawings-sealed and stamped by a registered Georgia architect/engineer also provide in digital form.

These drawings must have the following information:

- The Cover Sheet must have:
 - Use Group
 - Type of Construction
 - Occupant Load
 - Sprinkler drawings if applicable
- ADA details on drawings
- Emergency plans showing emergency lighting and exit signage, alarm system
- Site plan, foundation plan, floor plan, life safety plan, roof framing plan, wall section
- Mechanical, plumbing, electrical, and gas piping plan, energy code
- Fire protection plans

2. 3 copies of survey (plot plan) to scale (not reduced or enlarged) showing proposed construction.

3. Restaurant/Food Service plans must be filed with Catoosa County Health Department.

4. A letter from the property owner or management company accepting the plans for construction.

5. Facilities that fall under the State Fire Marshal's jurisdiction must be stamped and approved prior to submitting to the Building Official.

PLEASE NOTE: IF THE ABOVE REQUIREMENTS ARE NOT PROVIDED, THE BUILDING OFFICIAL WILL SUSPEND OR REJECT THE PLANS AND APPLICATION.



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Name of Owner/Applicant: _____ Email: _____
 Phone: _____ Site Address: _____
 Architect/Engineer: _____
 Phone: _____ Email: _____

<u>Application Type:</u>	
<input type="checkbox"/> Addition <input type="checkbox"/> New Building <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> New Structure/Facility <input type="checkbox"/> Revision of App. Plan <input type="checkbox"/> Accessibility Review	
ADA	
<u>Use/Occupancy Class: (Check all that apply)</u>	
Assembly <input type="checkbox"/> Day Care <input type="checkbox"/> Personal Care <input type="checkbox"/> Ambulatory Health <input type="checkbox"/> Nursing Home <input type="checkbox"/> Business <input type="checkbox"/> Hotel <input type="checkbox"/> Apartment Building <input type="checkbox"/> Hospital <input type="checkbox"/> Educational <input type="checkbox"/> Industrial <input type="checkbox"/> Hazardous <input type="checkbox"/> Detention/Correctional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/>	
<u>Project:</u> Provide a description of existing and/or proposed use(s), with sufficient detail for determination of appropriate classification of occupancy type(s): 	
Conditioned Space (sq. ft.)	Floor area new construction (sq. ft.)
Unconditioned Space (sq. ft.)	Floor area addition (sq. ft.)
No. of stories above grade	Floor area renovated (sq. ft.)