



City of Fort Oglethorpe Building Department

PLANS TRANSMITTAL

Please Fill Out The Following COMPLETELY:

TYPE OF PLANS: FULL SET ADDENDUM NO. ARCHITECTURE HVAC
 PLUMBING ELECTRICAL FIRE PROTECTION CIVIL

FACILITY NAME: _____ NEW EXISTING

BUSINESS NAME: _____ PHONE: (____) _____ - _____

STREET ADDRESS (PHYSICAL LOCATION): _____

CITY: _____ ZIP: _____ COUNTY: _____

TYPE OF OCCUPANCY (LSC): ASSEMBLY AMBULATORY HEALTH COLLEGE
 DAY CARE EDUCATION HOSPITAL INDUSTRIAL
 INSTITUTION MERCANTILE NURSING HOME OFFICE
 PERSONAL CARE BUSINESS RESIDENTIAL STORAGE

OWNER: _____ PHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ CELL: (____) _____ - _____

STATE: ____ ZIP: _____ - _____ EMAIL: _____

ARCHITECT/ENGINEER: _____ PHONE: (____) _____ - _____

GEORGIA REGISTRATION NUMBER: _____

ADDRESS: _____ EMAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

CONTACT PERSON: _____ PHONE: (____) _____ - _____

TYPE OF SUBMISSION: (How many copies? Minimum 3 sets of prints required, 1 digital):

BLUEPRINTS SPECIFICATIONS

PURPOSE OF SUBMISSION: PERMIT PRELIMINARY INFORMATION ONLY
 REVIEW/APPROVAL RESUBMISSION OTHER: _____

SQUARE FEET: _____ HOURS OPEN: _____ TO _____ TOTAL STORIES OF BUILDING: _____

OCCUPANT LOAD (NFPA 101): ____ BASEMENT: YES NO SPRINKLERS: YES NO

CONSTRUCTION TYPE (PER SBC) PLEASE CIRCLE ONE:

NFPA 220 I(4,4,3) I(3,3,2) II(2,2,2) II(1,1,1) II(0,0,0) III(2,1,1) III(2,0,0) IV(2,H,H) V(1,1,1) V(0,0,0)

IBC IA IB IIA IIB IIIA IIIB IV VA VB

RETURN PLANS TO: _____ PROJECTED COMPLETION DATE OF PROJECT: _____

NAME: _____ PHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ CELL: (____) _____ - _____

STATE: ____ ZIP: _____ - _____ EMAIL: _____

Note: **ANY** submittal **RECEIVED** without a **COMPLETE TRANSMITTAL FORM**, will be **RETURNED**.
This includes addendum, resubmission, and ANY OTHER ITEMS that are submitted.