



01 41 26.03

PERMIT REQUIREMENTS – CONSTRUCTION PERMITS

1. GENERAL

- A. Related sections:
 - i. 00 00 08 – Design Professional Documentation Requirements & Deliverables
 - ii. 01 41 26.04 – Fire Marshal Construction Inspection Requirements
- B. The State of Georgia Office of the Insurance and Safety Fire Commissioner (Georgia State Fire Marshal) has jurisdiction on Board of Regents Property located in the State of Georgia, unless noted otherwise. Design Professionals should not contact the local building authority, unless guided otherwise. For state-owned property, the State Fire Marshal has jurisdiction related to construction permits, 80% and 100% inspections, certificate of occupancy, etc. Note: Local site development and utility work may require permits through the local city / county authority.
- C. Leased property: When the BOR leases property outside state owned property the construction permit will be obtained from the local city / county authority having jurisdiction.
- D. Variance: In the instance that modifications need to be made, which, therefore, deviates from the approved permit by the Georgia State Fire Marshal, the Design Professional can only request for a Georgia State Fire Marshal variance with the written approval by the Associate Vice President of OUA and Office of Fire Safety.
- E. UGA Office of Fire Safety: For renovation projects where the cost of the renovation is up to 50% of the assessed value of the structure as determined by the insured value by the records of the State Department of Administrative Services, the University of Georgia shall provide the following services on all University owned and operated or occupied buildings and structures on behalf of the Office of the Insurance and Safety Fire Commissioner and the Safety Fire Division:
 - i. Conduct plan reviews, provide comments and approvals, and issue building permits for renovation project.
 - a. One copy of the “UGA Fire Safety Form 354” and two sets of drawings and specifications shall be submitted to the Project Manager to forward to the UGA Office of Fire Safety. The form is included at the end of this section for reference and posted for download on the Standards website at: www.architects.uga.edu/standards.
 - b. The transmittal form and drawings and specifications shall be submitted at minimum of four weeks prior to the date of commencement of the scheduled date of construction.
 - ii. Plan reviews and inspections are of small renovations that involve life safety code features including (but not limited to) egress and exiting, fire alarm systems, incidental changes to sprinkler systems, occupancy changes for incidental use areas, egress lighting, emergency lighting and other relevant life safety and building code features. This also includes adding or eliminating doors and walls, egress corridors or exit discharge.
 - iii. Conduct field inspections when a project has reached 80% completion and 100% completion and conduct site consultative inspections.



 www.esd.uga.edu	UNIVERSITY OF GEORGIA OFFICE OF FIRE SAFETY Environmental Safety Division Annex 148 Will Hunter Road, Athens, Georgia 30602 Phone: 706-369-5706	 UGA FIRE SAFETY UGA-354
	UGA-354 PLANS TRANSMITTAL FORM	

Date: _____

Please provide all information requested below. **ALL INFORMATION IS REQUIRED** and incomplete submittals as subject to immediate rejection. Everything submitted to the UGA Office of Fire Safety for review (drawings, revisions, addenda, specifications, etc.) must include a completed UGA-354 Transmittal Form.

SUBMITTAL: Full Set Addendum Revision **TYPE:** Prints Specification

PURPOSE of SUBMISSION: Permit Resubmission Preliminary Information Only

TYPE of SUBMISSION: New Construction Existing Renovation Fire Alarm Plans Sprinkler System

REVIEW FEE: No review fees will be required for University of Georgia owned, operated or related projects.

ADDRESS FOR ALL PLAN SUBMISSIONS: UGA Office of Fire Safety, ESD Annex, 148 Will Hunter Road, Athens, Georgia 30602; Telephone (706) 369-5706; FAX (706) 369-5866 Please Provide Two (2) Sets of All Submissions

FACILITY NAME: _____ **UGA Bldg. #** _____

Project Name: _____ Project/Contract # _____

Street Address (Physical Location) _____

City: _____ Zip _____ County _____

OWNER/Division/Department: _____ **Representative Name:** _____

Address: _____ **E-Mail** _____ **Phone:** _____

City: _____ State: _____ Zip: _____

UGA PROJECT MANAGER: _____ **Phone:** _____

Division: OUA: PPD: Other: _____ **Cell. Phone** _____

Projected Construction Dates: Begin: _____ Completion: _____ **E-Mail:** _____

ARCHITECT/ENGINEER of RECORD _____ **GA Reg. No.** _____

Firm Name _____

Address: _____ **E-Mail:** _____

City: _____ State _____ Zip _____

Contact Person: _____ **Phone:** _____

TYPE of OCCUPANCY (per LSC) Assembly Ambulatory Health Business Day Care Detention/Jail
 Education Health Care Industrial Mercantile Nursing Home
 Personal Care Home Residential Storage

CONSTRUCTION TYPE (circle one group):

NFPA: 2,2,0 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

Square Feet: _____ Estimated Cost: _____ Total Number of Stories _____ Basement: Yes ___ No ___

RETURN PLANS TO: (Must be a Street Address – No Post Office Box Address)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____