110-11-1-.17: State Codes Advisory Committee (SCAC) Plan Review Appeals Subcommittee and Affidavit of Plan Review by Private Professional Provider

When, as provided for in, and in accordance with, paragraphs (12)(B) and (15) of subsection (g) of Code Section 8-2-26 of Part 2 of Article 1 of Chapter 2 of Title 8 of the Official Code of Georgia Annotated (O.C.G.A.), a decision by a local building official is appealed to the Department of Community Affairs, a Plan Review Appeals Subcommittee, as established herein, shall be convened to review and rule upon the appeal.

Each such subcommittee is to be comprised of six (6) members of the Department’s State Codes Advisory Committee (SCAC): four (4) county and municipal building officials, all of whom will serve on every such subcommittee, and two (2) members appointed by the chairman of the SCAC whose experience uniquely qualifies them in the subject area of, or whose individual fields of expertise are closely related to, the subject matter being appealed.

In order for a Plan Review Appeals Subcommittee to be convened to review and rule upon an appeal, the appeal must be properly filed with the Department. ‘Proper filing’ shall mean forwarding the following information via certified mail to the Construction Codes and Industrialized Buildings Section of the Department:

- A notarized affidavit filed by the appellant containing thorough descriptions of (a) the decision by the local building official and (b) the nature of the dispute; (c) specific code citations (e.g. code(s), edition(s), section(s), subsection(s), state/local amendment(s), etc.) applicable to the subject matter in dispute.
- A filing fee in the amount of one-hundred dollars, in the form of a cashier’s check, made payable to the “Georgia Department of Community Affairs,” paid by the party appealing the decision by the local building official; and
- Any and all documentation from either of the disputing parties which may assist the subcommittee in its review (none will be accepted by the subcommittee after the receipt of a properly filed appeal).

The subcommittee shall consider the materials submitted, review the applicable construction codes and shall have a maximum of sixty (60) days from the date of receipt of a properly filed appeal to convene, review and rule upon the appeal. Upon the Plan Review Appeals Subcommittee making its finding, the Department shall forward copies of the subcommittee’s ruling to each of the disputing parties. The ruling of the Plan Review Appeals Subcommittee shall be binding.
I, ____________________________, the undersigned, have reviewed the construction plans submitted by ____________________________, dated ____________________________, for work proposed to be completed at the construction site address below, and hereby certify under oath that the following is true and correct to the best of my knowledge and belief and in accordance with the applicable professional standard of care:

A) The plans were reviewed by me, the affiant, who is duly authorized to perform plan review pursuant to subsection (g) of Code Section 8-2-26 of Part 2 of Article 1 of Chapter 2 of Title 8 of the Official Code of Georgia Annotated (O.C.G.A.), and who holds the appropriate license or certifications and insurance coverage stipulated in subsection (g) of Code Section 8-2-26;

B) The plans comply with the Georgia State Minimum Standard Codes for construction most recently adopted by the Department of Community Affairs, with Georgia State Amendments, and any locally adopted ordinances and amendments to such codes; and

C) The plans submitted for plan review are in conformity with plans previously submitted to obtain governmental approvals required in the plan submittal process and do not make a change to the project reviewed for such approvals.

______________________________  ____________________________
AFFIANT’S SIGNATURE                      DATE

______________________________  ____________________________
AFFIANT’S LICENSE/CERTIFICATION TYPE                      DATE

______________________________  ____________________________
AFFIANT’S LICENSE/CERTIFICATION NUMBER                      DATE

______________________________  ____________________________
AFFIANT’S LICENSE/CERTIFICATION NUMBER                      DATE

______________________________  ____________________________
AFFIANT’S LICENSE/CERTIFICATION NUMBER                      DATE

______________________________  ____________________________
AFFIANT’S LICENSE/CERTIFICATION NUMBER                      DATE

______________________________  ____________________________
AFFIANT’S ADDRESS                      DATE

______________________________  ____________________________
AFFIANT’S ADDRESS                      DATE

______________________________  ____________________________
AFFIANT’S ADDRESS                      DATE

______________________________  ____________________________
AFFIANT’S TELEPHONE NUMBER                      DATE

______________________________  ____________________________
AFFIANT’S TELEPHONE NUMBER                      DATE

Sworn to and subscribed before me this ____________________________ day of ____________________________, 20___.

______________________________
Notary Public

My commission expires: ____________________________

______________________________
Notary Seal

Georgia Department of Community Affairs
60 Executive Park South, N.E.
Atlanta, GA 30329-2231