GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

INDUSTRIALIZED BUILDINGS APPLICATION FORM

Applicants		
I. <u>TYPE OF APPLICATION:</u>	SUBMITTED FOR:	DEPARTMENT USE ONLY
		APPLICATION:
	REVISION RENEWAL	
BUILDING SYSTEM PROGRAM QUALITY CONTROL PROGRAM		DATE:
MODEL PLAN No.		REF:
II. IDENTIFICATION:		
Name of Manufacturer/Applicant:		
Address: City/State:		
Location of Mfg. Plant or Re-Mfg. Site:		
E-mail Address: Phone: ()		
Name of Evaluation/Inspection Agency/Rep.:		
E-mail Address:Phone: ()		
III. DOCUMENTS SUBMITTED:		
🔲 Plans 🔲 Specifications 🗌 Test Data 🗌 Quality Control Manual 🔲 Building Systems Manual		
Calculations (type)		
Other (specify)		
IV. DESCRIPTION OF INDUSTRIALIZED BUILDING		
A. Type of Unit: Three Dimensional Unit Core Unit Component		
B. Principal Construction Material: Wood Concrete Masonry Steel		
V. <u>CLASSIFICATION OF BUILDING BY OCCUPANCY</u> (See Chapter 4 NFPA 101)		
 Assembly (A) Business (B) Education (E) Factory/Industrial (F) Institutional (I) Mercantile (M) Storage (S) Hazardous(H) Hotel/Transient (R1) Multi-Family Dwelling (R2) 		
□ 1 & 2 Family Dwelling (R3) □ Daycare (DC) □ Board & Care, Assisted Living (R4) □ Utility (U)		
VI. <u>CLASSIFICATION OF BUILDING BY CONSTRUCTION TYPE</u> Sprinklered Non-Sprinklered		
Type I Type II Type III Type IV Type V A (Protected) B (Unprotected)		
VII. <u>SIGNATURES</u>		
This is to certify the BUILDING SYSTEM / MODEL / DATA conforms to the current GA Rules for Industrialized Buildings		
and currently adopted State Minimum Standard Codes and GA Amendments.		
Print Name: (Agency's Architect or Professional B		Title:
	ngineer)	Data:
Signature:(Agency's Architect or Professional I	Engineer)	Date:
Distance	5 ,	Title:
(Manufacturer or Agent)		
Signature:(Manufacturer or Agent)		Date
VIII. <u>DEPARTMENT USE ONLY</u>		
Returned for correction and/or additional inform	· · · · ·	Date:
Approved as submitted Approved as no	ted (see attached)	Date:
Approved by:		Form IB-01 Revised: 9-15-15