

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

INDUSTRIALIZED BUILDINGS APPLICATION FORM

Applicants Should Complete All Items (I-VII)

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I. TYPE OF APPLICATION: <input type="checkbox"/> NEW MANUFACTURER <input type="checkbox"/> REMANUFACTURE / RECERTIFICATION <input type="checkbox"/> BUILDING SYSTEM PROGRAM <input type="checkbox"/> QUALITY CONTROL PROGRAM <input type="checkbox"/> MODEL PLAN No. _____	SUBMITTED FOR: <input type="checkbox"/> APPROVAL <input type="checkbox"/> REVISION <input type="checkbox"/> RENEWAL <input type="checkbox"/> FILE FOR RECORD <input type="checkbox"/> _____	DEPARTMENT USE ONLY APPLICATION: _____ DATE: _____ REF: _____
II. IDENTIFICATION: Name of Manufacturer/Applicant: _____ Address: _____ City/State: _____ Zip: _____ 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: <input type="checkbox"/> Plans <input type="checkbox"/> Specifications <input type="checkbox"/> Test Data <input type="checkbox"/> Quality Control Manual <input type="checkbox"/> Building Systems Manual <input type="checkbox"/> Calculations (type) _____ <input type="checkbox"/> Other (specify) _____		
IV. DESCRIPTION OF INDUSTRIALIZED BUILDING A. Type of Unit: <input type="checkbox"/> Three Dimensional Unit <input type="checkbox"/> Core Unit <input type="checkbox"/> Component B. Principal Construction Material: <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Other (specify) _____		
V. CLASSIFICATION OF BUILDING BY OCCUPANCY (See Chapter 4 NFPA 101) <input type="checkbox"/> Assembly (A) <input type="checkbox"/> Business (B) <input type="checkbox"/> Education (E) <input type="checkbox"/> Factory/Industrial (F) <input type="checkbox"/> Institutional (I) <input type="checkbox"/> Mercantile (M) <input type="checkbox"/> Storage (S) <input type="checkbox"/> Hazardous(H) <input type="checkbox"/> Hotel/Transient (R1) <input type="checkbox"/> Multi-Family Dwelling (R2) <input type="checkbox"/> 1 & 2 Family Dwelling (R3) <input type="checkbox"/> Daycare (DC) <input type="checkbox"/> Board & Care, Assisted Living (R4) <input type="checkbox"/> Utility (U)		
VI. CLASSIFICATION OF BUILDING BY CONSTRUCTION TYPE <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/> Type V <input type="checkbox"/> A (Protected) <input type="checkbox"/> B (Unprotected) <input type="checkbox"/> Sprinklered <input type="checkbox"/> Non-Sprinklered		
VII. SIGNATURES <i>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.</i> Print Name: _____ Title: _____ (Agency's Architect or Professional Engineer) Signature: _____ Date: _____ (Agency's Architect or Professional Engineer) Print Name: _____ Title: _____ (Manufacturer or Agent) Signature: _____ Date: _____ (Manufacturer or Agent)		
VIII. DEPARTMENT USE ONLY <input type="checkbox"/> Returned for correction and/or additional information (see attached) Date: _____ <input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved as noted (see attached) Date: _____ Approved by: _____ Comments: _____ Form IB-01 Revised: 9-15-15		