



Permit #:

REQUEST FOR EXTENDED HOURS OF CONSTRUCTION for Land Disturbance and Building Activities

Job Address:		Suite/Unit/Lot:
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Subdivision/Center:	Date of Request:
Project Type: <input type="checkbox"/> New Building / Shell <input type="checkbox"/> Foundation Only <input type="checkbox"/> Addition <input type="checkbox"/> Land Disturbance/Site Prep <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Other:		
Construction Hours Requested: <input type="checkbox"/> MONDAYS from _____ AM/PM to _____ AM/PM <input type="checkbox"/> TUESDAYS from _____ AM/PM to _____ AM/PM <input type="checkbox"/> WEDNESDAYS from _____ AM/PM to _____ AM/PM <input type="checkbox"/> THURSDAYS from _____ AM/PM to _____ AM/PM <input type="checkbox"/> FRIDAYS from _____ AM/PM to _____ AM/PM <input type="checkbox"/> SATURDAYS from _____ AM/PM to _____ AM/PM <input type="checkbox"/> SUNDAYS from _____ AM/PM to _____ AM/PM		Start Date: <hr/> End Date: <hr/> Holidays to be Working:
<i>Note: The hours of construction allowed will determined solely by the City of Johns Creek Community Development Director, who will adjust the hours requested as necessary. The Applicant will be informed of the Approved Hours of Construction.</i>		
Explain Reasons for Request (be specific): 		

APPLICANT

Applicant is: <input type="checkbox"/> General Contractor <input type="checkbox"/> Trade Contractor <input type="checkbox"/> Authorized Permit Agent <input type="checkbox"/> Property Owner		
Property Owner's Name:		
Applicant's Name:		Phone:
Company Name:		E-Mail:
Address:		Suite #:
City:	State:	Zip:

CERTIFICATION

If a modification of the allowed Hours of Construction is approved, the applicant hereby agrees to the Hours of Construction as Approved and understands that it is the responsibility of the applicant to ensure that all parties performing work on the project site abide by these hours.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> APPROVED	
<input type="checkbox"/> DENIED	

Community Development Director

Date