



Greene County  
Commercial  
**BUILDING PERMIT**  
Application

BUILDING, PLANNING & ZONING  
706-453-3333  
fax 706-453-2579  
1034 Silver Dr  
Suite 103  
M-F 8am-5pm

**SUBMIT**

On or before **Friday:**

- Two sets of structural/architectural plans  
Please fold plans. Plans (including MEP's) may require seal by an architect or engineer.
- Two sets of the SITE/PARKING PLAN for exterior improvement
- Permit Application

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**STRUCTURAL AND ARCHITECTURAL PLANS**

Must include the following: (*Check when complete*)

- Compliance with International Building Code, 2012 Edition, 2018 NEC
- Manufacturer Specifications on building(s) and equipment
- Owner name, address, phone number, email address
- Name and phone number of 24-hour contact for project
- Tax Parcel ID#
- Physical address of property
- Location map of property
- Use of building type of occupancy
- Gross floor area
- Zoning of property and conditions, if applicable
- The department reserves the right to request additional information.

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The plans will be distributed to the appropriate parties, including (but not limited to):

- Building Official
- Environmental Health Department
- Zoning

Comments will be ready for pick-up two (2) weeks later on Friday.

The permit will be issued when:

- Architectural / Structural plans approved by all reviewing departments
- Site inspector releases site (applicable if LDP was required)
- Proof of water meter
- Proof of sewer / septic
- Fees paid



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**PROPERTY INFORMATION**

ADDRESS OF PROJECT \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME OF BUSINESS (existing or proposed) \_\_\_\_\_  
NAME OF OWNER \_\_\_\_\_  
ADDRESS OF OWNER \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTRACTOR INFORMATION**

NAME OF CONTRACTOR \_\_\_\_\_  
MAIN CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
GA. STATE CERTIFICATION # \_\_\_\_\_  
LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**EROSION AND SEDIMENT CONTROL** (must provide copy of card):

NAME OF CARD HOLDER \_\_\_\_\_  
CERTIFICATION # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
NAME OF 24-HOUR CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**PROPOSED STRUCTURE**

Description of proposed use: \_\_\_\_\_  
Type of work: \_\_\_ New \_\_\_ Remodel \_\_\_ Addition \_\_\_ Repair  
# Stories: \_\_\_\_\_ # Suites: \_\_\_\_\_  
Utility service: \_\_\_ Gas \_\_\_ Electrical  
Shell-only square footage (include unheated areas): \_\_\_\_\_  
Interior-only square footage (only include heated areas): \_\_\_\_\_  
Total square footage (include unheated areas): \_\_\_\_\_  
Estimated cost of project: \$ \_\_\_\_\_ (Building office staff will review application to calculate building permit fee)

Print name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**OFFICE USE ONLY**

PERMIT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
ZONING APPROVAL \_\_\_\_\_ FINAL APPROVAL \_\_\_\_\_  
PERMIT FEE \_\_\_\_\_ (refer to most current ICC table and use 0.0025 multiplier)



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**SUB-CONTRACTOR AFFIDAVIT**

Copies of State cards and business licenses (or Occupational Tax Certificates) are required *before* the final inspection is performed.

Master permit number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Address of project: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Parcel: \_\_\_\_\_

Contractor or owner: \_\_\_\_\_

**Electrical Contractor** \_\_\_ Restricted \_\_\_ Non-restricted

Company or Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ga. State Certification # \_\_\_\_\_

Local Business License or Occupational Tax Certificate # \_\_\_\_\_

Card holder signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Master Plumber** \_\_\_ Restricted \_\_\_ Non-restricted

Company or Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ga. State Certification # \_\_\_\_\_

Local Business License or Occupational Tax Certificate # \_\_\_\_\_

Card holder signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Conditioned Air** \_\_\_ Restricted \_\_\_ Non-restricted

Company or Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ga. State Certification # \_\_\_\_\_

Local Business License or Occupational Tax Certificate # \_\_\_\_\_

Card holder signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Low-Voltage** \_\_\_ Restricted \_\_\_ Non-restricted

Company or Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ga. State Certification # \_\_\_\_\_

Local Business License or Occupational Tax Certificate # \_\_\_\_\_

Card holder signature: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that I am responsible for each required licensed contractor to obtain a business license in his or her County.  
Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master permit holder signature: \_\_\_\_\_ Date: \_\_\_\_\_