



## Greene County ENERGY PERMIT APPLICATION

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

**OFFICE USE ONLY**

Permit Number \_\_\_\_\_ Permit Fee \_\_\_\_\_ Date \_\_\_\_\_  
 Zoning Approval \_\_\_\_\_ Final Approval \_\_\_\_\_  
 Use Classification \_\_\_\_\_ Type \_\_\_\_\_ Permit File \_\_\_\_\_

**OWNER INFORMATION**

Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Site Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_ Subdivision \_\_\_\_\_ Parcel No \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Cell \_\_\_\_\_  
 Business License \_\_\_\_\_ State Cert. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Copy of business license and certification card (if applicable) must be provided.

		<b>Check</b>	
Identify Type of Insulation	Foam	<input type="checkbox"/>	<b>Permit Fee \$50</b>
	Batts	<input type="checkbox"/>	
	Blown	<input type="checkbox"/>	
Floor Ceiling Wall Attic Foundation Wall	R-Value	<input type="checkbox"/>	
	R-Value	<input type="checkbox"/>	
	R-Value	<input type="checkbox"/>	
	R-Value	<input type="checkbox"/>	
	R-Value	<input type="checkbox"/>	

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*The Greene County Board of Assessors, in accordance with Ga. Law must give reasonable notice to property owners prior to making a site visit. Notice is hereby given that a representative of the appraisal staff will be listing new construction from active building permits for changes and improvements which have been made to the property.

Revised 11/01/14/effective 11/01/14