



COMMERCIAL BUILDING PERMIT APPLICATION

Chuck Wooley

Director of Building, Zoning and Project Management

1034 Silver Dr., Ste 103, Greensboro, GA 30642 Telephone - (706) 453-3333 - FAX (706) 453-2579
www.greenecountyga.gov/building

PROPERTY INFORMATION

ADDRESS OF PROJECT: _____ CITY: _____ ZIP: _____

NAME OF BUSINESS (Existing or Proposed): _____

NAME OF OWNER: _____ PHONE: _____

ADDRESS OF OWNER: _____ CITY/STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

CONTRACTOR INFORMATION

****A copy of both your state and local license are REQUIRED to be submitted with the application****

NAME OF CONTRACTOR: _____

MAIN CONTACT: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

EMAIL: _____ ****GA. STATE CERTIFICATION NUMBER: _____**

****LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE NUMBER: _____**

EROSION AND SEDIMENT CONTROL

****A copy of the card is REQUIRED to be submitted with the application****

NAME OF CARD HOLDER: _____

CERTIFICATION NUMBER: _____ EXPIRATION DATE: _____

NAME OF 24-HOUR CONTACT: _____ PHONE: _____

PROPOSED STRUCTURE

DESCRIPTION OF PROPOSED USE: _____ **Estimated Cost of Project: _____**

TYPE OF WORK: _____ NEW _____ REMODEL _____ ADDITION _____ REPAIR

OF STORIES: _____ # OF SUITES: _____ UTILITY SERVICE: _____ GAS _____ ELECTRICAL

SHELL-ONLY SF (Including unheated areas.): _____ INTERIOR ONLY SF (Only include heated areas.): _____

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

PERMIT NUMBER: _____ DATE: _____ ZONING APPROVAL: _____

FINAL APPROVAL: _____ PERMIT FEE: _____ (Refer to most current ICC table and use 0.0025 multiplier)



Greene County Building and Zoning Department

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Application Page 3

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SUB-CONTRACTOR AFFIDAVIT

****Copies of State cards and business licenses (or Occupational Tax Certificates) are REQUIRED before the permit is issued.****

Master Permit Number: _____ Date Issued: _____

Address of Project: _____ Subdivision: _____ Parcel: _____

Contractor or Owner: _____

ELECTRICAL

Electrical Contractor: _____ Restricted _____ Non-Restricted

Company: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

GA State Certification Number: _____ **Local Business License or Occupational Tax Certificate Number:** _____

Card Holder Signature: _____ Phone: _____

PLUMBING

Master Plumber: _____ Restricted _____ Non-Restricted

Company: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

GA State Certification Number: _____ **Local Business License or Occupational Tax Certificate Number:** _____

Card Holder Signature: _____ Phone: _____

HEATING / AIR

Conditioned Air: _____ Restricted _____ Non-Restricted

Company: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

GA State Certification Number: _____ **Local Business License or Occupational Tax Certificate Number:** _____

Card Holder Signature: _____ Phone: _____

LOW VOLTAGE

Low-Voltage: _____ Restricted _____ Non-Restricted

Company: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

GA State Certification Number: _____ **Local Business License or Occupational Tax Certificate Number:** _____

Card Holder Signature: _____ Phone: _____

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

Master Permit Holder Signature: _____ Date: _____