Greene County Building Inspection Division

COMMERCIAL BUILDING PERMIT APPLICATION

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

Chuck Wooley, Building Official
Renee' Criswell, Admin. Assistant
Jamie Brantley, Permit Clerk
Brad Cherry, Building Inspector
David Johnson, Code Enforcement

1034 Silver Dr., Ste 103, Greensboro, GA 30642 Telephone 706-453-3333 www.greenecountyga.gov

SUBMIT

- **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

STRUCTURAL AND ARCHITECTURAL PLANS

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

- Compliance with International Building Code, 2012 Edition, 2017 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.

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

- Building Official
- Zoning

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:_____