PLAN TRANSMITTAL

Pre-Application Plan Submittal

Building Department

25 LaGrange Street
Newnan, GA 30263
Ph. 770-673-5413 Fax 770-254-2361
Email – permits@newnanga.gov

Project Name: _____

Address: _____
Number and Street Project Name

Project: ☐ Shell Only ☐ Interior Finish-out Only ☐ White Box (no restrooms) ☐ White Box (w/restrooms)
☐ Alteration or Renovation ☐ Complete Structure

Total square footage of improved area: _____ Estimated cost of project:_____

Construction Type: ☐IA ☐IB ☐IIA ☐IIB ☐IIIA ☐IIIB ☐IVA ☐IVB ☐VA ☐VB
Circle all that apply

Occupancy Group: ☐ Assembly ☐ Business ☐ Educational ☐ Factory and Industrial ☐ High Hazard
Check all that apply ☐ Institutional ☐ Residential ☐ Mercantile ☐ Storage ☐ Utility and miscellaneous

Will/does this structure/space contain an automatic fire-extinguishing sprinkler system? ☐ Yes ☐ No

Will this occupancy serve food or coffee or have food/coffee catered into the space as an option of business?
☐ Yes ☐ No

Further Description of project: _____

_____

Point of Contact: Name and Phone Number: _____

Email address:_____

This is not an application for permit.