COMMERCIAL BUILDING PERMIT APPLICATION

and plan transmittal

Building Department

25 LaGrange Street
Newnan, GA 30263
Ph. 678-673-5413 Fax 770-254-2361
Email – permits@newnanga.gov

Project Address: _____
Number and Street Project Name

GC Company Name and Contact _____
Company Name Phone Number State Card Number

Contractor Name and Contact #: _____
Qualifying Agent Name or Contractor Name Phone Number State Card Number

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

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:_____

_____

This Application is to be accompanied by a General Contractor State Card issued by the State of Georgia, and a business license issued from within the State of Georgia. Commercial permits cannot be issued to "Residential Basic" card holders.

_____
Printed name Authorized Agent* Signature of Applicant or Authorized Agent* Date Signed

*Authorized Agent must supply notarized "Authorized Permit Agent Form"

_____
Email address of Superintendent of Project