

# COMMERCIAL BUILDING PERMIT APPLICATION

and plan transmittal



## Building Department

25 LaGrange Street  
Newnan, GA 30263  
Ph. 770-254-2362 Fax 770-254-2361  
Email – jcantrell@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)  
 Alteration or Renovation  Complete Structure  White Box (w/restrooms)  
 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 \_\_\_\_\_