UPSON COUNTY BUILDING AND ZONING DEPARTMENT
R. E. LEE BUILDING
106 E. Lee Street, SUITE 210
THOMASTON, GA 30286-4170
(706) 647-1297 **Contact email: garagon@upsoncountyga.org**

GENERAL PERMIT APPLICATION

PERMIT NUMBER_____ISSUE DATE_____

I am hereby applying for a permit to complete the below described work in accordance with all applicable regulations.

JOBSITE ADDRESS (Street number required, Street Name, Unincorporated or City) | **MAP#** | **PARCEL#**

PROPERTY OWNERS NAME(S), ADDRESS, CITY, STATE, ZIP **TELEPHONE NUMBER**:

___ Contractor
___ Homeowner

PRIMARY CONTRACTOR (Name, Company Name, Complete Address)

CONTRACTOR PHONE # | **OCCUPATION TAX/Bus. Lic.:** Received: _____ County of: _____ | **STATE LICENSE#**

Check all that apply:

Commercial___ Residential___ Accessory___ Other___ Electrical___ Mechanical___ Plumbing___ Specialty___

OVERALL, JOB DESCRIPTION/SCOPE OF WORK:

ELECTRICAL WORK DESCRIPTION:

MECHANICAL WORK DESCRIPTION:

PLUMBING WORK DESCRIPTION:

Existing Bldg._____ New Bldg ._____ Total Sqft of Bldg._____Total Heated Sqft_____ Stories_____ # of Bdrms_____# of Bathrooms_____

Electrical Service Company: _____ Vol. Fire District: _____

EST. VALUE-LABOR & MATERIALS	**PERMIT FEE**	**PLANS REVIEW FEE**	**PENALTY FEES**	**FEE TOTAL**
$	$	$	$	$

ELECTRICAL CONTRACTOR (NAME, COMPANY, COMPLETE ADDRESS)			PHONE# ( )
State License No.	Expires:	Current Occupation Tax Certificate Issued By:	Expires:
MECHANICAL CONTRACTOR (NAME, COMPANY, COMPLETE ADDRESS)			PHONE# ( )
State License No.	Expires:	Current Occupation Tax Certificate Issued By:	Expires:
PLUMBING CONTRACTOR (NAME, COMPANY, COMPLETE ADDRESS)			PHONE# ( )
State License No.	Expires:	Current Occupation Tax Certificate Issued By:	Expires:
ARCHITECT/OTHER CONTRACTOR (NAME, COMPANY, COMPLETE ADDRESS)			PHONE# ( )
State License No.	Expires:	Current Occupation Tax Certificate Issued By:	Expires:

FOR BUILDING & ZONING DEPARTMENT ONLY:

Zoning District:

Setbacks- Front:	Rear:	Sides:

Parcel size: _____ acres

Floodplain: Yes_____ No_____FIRM# FIRM Date:

Notice: No changes shall be made from the job descriptions/scope of work as described in this application, or in the attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the appropriate official for such changes. Granting of a permit shall not be construed as a permit for an approval of any violation of the adopted building codes or any other state or local law regulation construction or the performance of construction. I hereby certify that I have read and examined the application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes as adopted by the State of Georgia and/or Upson County and the City of Yatesville.

Signature-Responsible Contractor/Applicant/Authorized Agent:

X_____ Date: _____

Signature-County Official or Authorized Staff:

X_____ Date: _____