



COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

Property Owner: _____

TAX PARCEL*: _____
**Click on the link above to be redirected to the Oglethorpe County Tax Assessor's website to determine the Tax Parcel ID number.*

DESCRIBE BUSINESS: _____

ZONING: _____

Contractor Name: _____

Contractor Phone: _____

Contractor Email: _____

License Number: _____

License Expiration: _____

What type of work are you proposing? Check all applicable. New Building Construction

- Addition to Existing Building Accessory Structure Other: _____

PROJECT DETAILS *(Complete all applicable sections.)*

Total Square Footage: _____ | No. of Bathrooms: _____

Total Office : _____ sf | Total Warehouse _____ sf

Type of Climate Control: _____ sf

Overall Height from Ground: _____ feet

Interior Ceiling Height: _____ feet

Fence: _____ Height _____ Length _____

Water Source: Public Water Well/Private

Electrical Service: Rayle EMC Georgia Power N/A

Gas Service: Natural Gas Propane

Sewerage: Private/Septic * Public Sewer

* You must have an approved septic permit from the Health Department prior to the issuance of a building permit .

Estimated Value of Improvement: \$ _____ **Estimated Completion Date:** _____/_____/_____

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 12 MONTHS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 12 MONTH AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OF THE PERFORMANCE OF CONSTRUCTION.

APPLICANT SIGNATURE: _____ DATE: _____

THIS SECTION FOR STAFF USE ONLY

RECIEVED DATE:	_____	PERMIT #:	CM _____
ASSOCIATED PERMITS:	_____	STAFF INITIALS:	_____
FEE :	_____	DATE OF C.O.:	_____ <input type="checkbox"/> N/A

NOTES:

PLANNING DEPARTMENT

RECEIVED BY	_____	DATE RECEIVED	_____
SITE PLAN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	ZONING/OVERLAY	_____
TAX MAP #S	_____		

COMMENTS

REVIEWED BY	_____	DATE	_____
APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO		



Checklist for Commercial Building Permits

Oglethorpe County Planning & Development
oglethorpecountyga.gov
P.O. Box 261 · Lexington, Georgia 30648 · 706-743-5270

This document contains information excerpted from Article IX, Amendments, Enforcement, and Appeals of Oglethorpe County Zoning Ordinance.

Building permits are required for all construction, electrical, plumbing and mechanical work performed on a commercial structure. While a building permit is required, there is no fee or inspection required for new stand-alone structures of less than 200 square feet. Permits for electrical, plumbing or mechanical work in said structures may be required and fees charged as applicable.

In addition to the information requested above, please provide upload and attach a site plan (link above) showing the following information for nonresidential and multifamily development requests. Site Plans should be prepared by a register engineer, architect, land surveyor, or landscape architect and must be with a building permit application.

Plans should include the following as applicable to the request:

1. Project Name
2. Project Owner
3. Date, Scale, & North Arrow
4. Vicinity Map
5. Owners and uses of adjacent properties
6. Property Lines & Dimensions
7. Total Project Acreage
8. Proposed Use of Property
9. Required Setbacks, *Appropriately Dimensioned*
10. Location & Use or Existing & Proposed Building & Square Footage of Each
11. Location of Adjacent Street. *Including Names and Width of Pavement*
12. Location of Any Rivers, Creeks, Streams, Lakes, or Ponds. *Including 100-year Floodplain (Or Statement That None Exists)*
13. Location & Identification of Any Easements. *Including Access & Utility*
14. Method of Water Supply & Sewage Management. *Including Health Department Approval If Required*
15. Location, Dimensions, & Pertinent Details of Required Buffers/Screening. *Including Plant Material by Name, Spacing of Plant Material, & Total Number of Plants by Species, Where Applicable*
16. Location of Driveway Ingress & Egress, *Including Dimensions for Curb Radius, Driveway Width, and Distance to Nearest Street Intersection*
17. Location, Dimensions, & Details of Existing & Proposed Off-Street Parking/Loading Areas. *Including All Interior Drives, Provisions for Interconnection Access, Bays & Walkways, Type of Servicing, Angle of Stalls, Width of Access Aisle, & Schedule Listing Total Number of Parking Stalls by Type*
18. Trash/Garbage Receptacle (Dumpster) Location. *If Applicable*
19. Location, Dimensions, & Details of Any Proposed Signage
20. Location & Details of Any Proposed Lighting