

HENRY COUNTY BUILDING DEPARTMENT

140 Henry Parkway, McDonough, GA 30253
APPLICATION FOR COMMERCIAL BUILDING PERMIT

CHECK NO. _____

DATE _____

Minimum Fee \$50.00

BLDG. PERMIT NO. _____

THIS APPLICATION SHALL BE MADE IN ACCORDANCE WITH APPLICATION REQUIREMENTS OF HENRY COUNTY CODE FOR A PERMIT TO ERECT, ALTER, REPAIR OR USE A STRUCTURE AS DESCRIBED HEREIN AND AS REQUIRED BY THE DEVELOPMENT PERMIT.

Project Name: _____	Business Owner: _____
Project Address: _____	Address: _____
City: _____ St. _____ Zip: _____	City: _____ St. _____ Zip: _____
Parcel ID #: _____	Telephone #: _____
Type of Business: _____	

Building Owner: _____	Contractor: _____
Address: _____	Address: _____
City: _____ St. _____ Zip: _____	City: _____ St. _____ Zip: _____
Telephone #: _____	Telephone #: _____ Business License No. _____
	St. License No. _____ License Type _____

PURPOSE OF PERMIT:

Shell Only Complete Structure for C.C. Complete Structure for C.O. Sanitary Facilities
 Sprinkler Vanilla Box Interior Finish for Leased Tenant Sewer Co. Water City Water
 Other Septic Tank Well Other

PROJECT DESCRIPTION:

Type of Construction: I II III IV V (A) (B) Type of Occupancy: A B E F H I M R S MISC.

Mixed Occupancy Breakdown _____

SIZE OF PROJECT (Sq. Ft.) _____ ESTIMATED COST OF CONSTRUCTION _____

Electrical	HVAC	Plumbing
<input type="checkbox"/> Partial <input type="checkbox"/> Other	<input type="checkbox"/> Partial <input type="checkbox"/> Other	<input type="checkbox"/> Partial <input type="checkbox"/> Other
<input type="checkbox"/> Full	<input type="checkbox"/> Full	<input type="checkbox"/> Full
<input type="checkbox"/> Service Change	<input type="checkbox"/> Service Change	<input type="checkbox"/> Service Change
<input type="checkbox"/> Underground		<input type="checkbox"/> Underground

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT OR FROM THE TIME OF THE BEGINNING OF THE FIRST WORK, WHICH EVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS WORK, WEATHER FOR BASIC SERVICES OR ADDITIONAL SERVICES, TO PERSON OR PROPERTY. THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE COUNTY FROM AND AGAINST ALL CLAIMS OR ACTIONS AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION AND ACTIONS, BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONS CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT OR FOR ANY AND ALL CLAIMS FOR DAMAGES UNDER THE LAWS OF THE UNITED STATES OR OF GEORGIA ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE COUNTY, THE DEFENSE OF ANY AND ALL CLAIMS, LITIGATIONS AND ACTIONS, SUFFERED THROUGH ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR, OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT.

PLEASE PRINT NAME

APPLICANT'S SIGNATURE

***** DO NOT COMPLETE THE FOLLOWING - OFFICE USE ONLY *****

MAP REFERENCE DISTRICT LAND LOT ZONING

SETBACKS FROM PROPERTY LINES: LEFT _____ RIGHT _____ FRONT _____ REAR _____

CENSUS TRACT: _____ CITY CODE: _____

LAND USE CODE: _____ DEV. PERMIT NO. _____ DATE ISSUED: _____ VERIFIED BY: _____ DATE: _____

DATE: _____ ISSUED BY: _____

BUILDING VALUATION: _____ COST OF PERMIT: _____

BUILDING PERMIT HOLDS/REMARKS: _____