

Dept: _____

Due Date: _____

Purpose of Permit:

C/S for C/O _____ C/S for C/C _____

Vanilla Box _____ Other _____

Int Finish for C/O _____ Shell Only _____

HENRY COUNTY COMMERCIAL BUILDING PERMIT ROUTING SHEET

Project Name: _____

Project Address: _____ City: _____ Zip Code: _____

Type of Business: _____

Permit Owner: _____

Address: _____

Contact Person: _____ Phone #: _____

Alternate Person: _____ Phone #: _____

Submitter's Signature: _____ Title: _____

Office Use Only From This Point Forward:

Plans Received for Review: _____ Plans sent to Fire Marshall: _____

Returned from Building Dept: _____ Re-Submittal Required: Yes No Date: _____

Returned from Fire Marshall: _____ Re-Submittal Required: Yes No Date: _____

1st Re-Submittal Date: _____ 2nd Resubmittal Date: _____

Sealed Structural Plans Req: Yes No Fire Alarm Plans Req Yes No Sprinkler Yes No

Occupancy Group: A B E F H I M R S U

Type of Construction: I II III IV V 1 HR (A) Unp (B)

Size of Structure: _____ Valuation Per Sq Ft: _____ Est Valuation: _____

Permit Cost: _____ P/R Fee (25% of Cost) _____ Impact Fee: _____

Fire Safety & Accessibility Fee: _____ Fire Occupancy # _____

Development Permit Required Yes No Development Permit # _____ Date: _____

Sewer Tap Fee Required Yes No Parcel ID # _____ Zoning: _____

Water Tap Fee Required Yes No District: _____ Landlot: _____

Septic Tank Permit Required Yes No

Pre-Construction Meeting Yes No ECPR Approval: _____ Date: _____

SET BACKS PER ZONING: FRONT _____ REAR _____ LEFT _____ RIGHT _____

COMMENTS: _____