

Franklin County Planning and Zoning
141 Athens St. / P.O. Box 159
Carnesville, GA 30521

Commercial/Industrial Permit Application Checklist

The following list of documentation is required before a permit will be issued for residential construction.

Incomplete forms will not be processed and will delay permit issuance. Please return this form with all permit application submittals. All documents must be legible.

- _____ 1. Recorded Plat of property
- _____ 2. Septic permit (if applicable)
- _____ 3. Verification of 911 addressing
- _____ 4. Completed building permit application
- _____ 5. Contractor licensing documentation (state license card, business license)
- _____ 6. Completed trade permit application(s)
- _____ 7. Subcontractor licensing documentation (state license card, business license)
- _____ 8. Number of Acres Disturbed: _____

*If over 1 acre, a Notice of Intent (NOI) must be obtained from GA EPD and included with application. NOI's can be obtained via GA EPD GEOS at:

<https://geos.epd.georgia.gov/GA/GEOS/Public/GovEnt/Shared/Pages/Main/Login.aspx>
- _____ 9. GSWCC Level 1A certification (Blue Card)
- _____ 10. Four (4) sets of scaled construction drawings: 3 sets - 24" x 36" and 1 set-8 ½"x11"
- _____ 11. Site plan: scaled lot drawing with a scaled footprint of structure and any other structure located on property, show building limitations, setback requirements, and erosion sediment control.
- _____ 12. One (1) copy set of GSWCC approved ESC plans for initial, intermediate and final phases. (applicable for secondary and tertiary permit holders)

Project Address: _____

Applicant Name: _____

Received by: _____

Date: _____

Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521				Commercial/Industrial Building Permit Application	
<input type="checkbox"/> Building Shell <input type="checkbox"/> Interior Buildout <input type="checkbox"/> Alteration/ Addition		Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____			
JOB SITE ADDRESS: _____ Number of Acres Disturbed: _____					
Use Classification:		Lot/Suite #:		Parcel #: Zoning Class:	
Description of Work : _____ _____					
Property Owner	Name: _____			Phone: _____ Email: _____	
	Address: _____			State: _____ Zip: _____	
General Contractor	Name: _____			Phone: _____	
	GA License Number: _____			Email: _____	
	Address: _____			State: _____ Zip: _____	
Building Height: _____		Total Occupancy: _____ persons		Contact Person: _____	
Building Area: _____		Sprinklered: <input type="checkbox"/> yes <input type="checkbox"/> no		Phone: _____	
Flood Zone: <input type="checkbox"/> yes <input type="checkbox"/> no		Fire Alarm: <input type="checkbox"/> yes <input type="checkbox"/> no		Email: _____	
Total Heated Sq. Ft.: _____			Total Unheated Sq. Ft.: _____		
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building Codes.					
Signature of Applicant : _____				Date: _____	
FOR OFFICE USE ONLY		Code Official Signature: _____			
Construction Type:		Occupancy:		LDP Required: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Sq. Footage	Valuation Multiplier	Valuation \$		
Heated					
Unheated					
TOTAL					
Administrative Fee:	Building Permit Fee:	Plan Review Fee:	CO Fee:	Total Fee:	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521			Electrical Permit Application	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/Repair		Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____		
JOB SITE ADDRESS: _____ PROJECT NAME: _____ LOT/ SUITE #: _____				
Property Use:			Zoning Class.:	
Job Description: _____ _____				
Property Owner	Name: _____			
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
Trade Contractor	Name: _____		State License No.: _____	
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
SERVICE INFORMATION VOLTAGE: _____ PHASE: _____ AMPS: _____ CONDUCTOR TYPE: _____ CONDUCTOR SIZE: _____ METHOD OF ENTERING BUILDING <div style="display: flex; justify-content: space-around;"> [] ABOVE GROUND [] UNDERGROUND </div>			CHECK IF APPLICABLE <div style="margin-bottom: 10px;">[] TEMPORARY POWER POLE</div> <div style="margin-bottom: 10px;">[] POWER POLE</div> <div style="margin-bottom: 10px;">[] CHANGE OF SERVICE</div> <div style="margin-bottom: 10px;">[] CHANGE PANEL BOX</div> <div style="margin-bottom: 10px;">[] OTHER (EXPLAIN) _____</div>	
SERVICE PROVIDER: _____			NUMBER OF CIRCUITS: _____	
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.				
Signature of Licensed Cardholder: _____			Date: _____	
FOR OFFICE USE ONLY			Accepted by: _____	
Construction Type: _____			Occupancy: _____	
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____

Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521			Plumbing Permit Application	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/Repair		Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____		
JOB SITE ADDRESS: _____ PROJECT NAME: _____ LOT/ SUITE #: _____				
Property Use:			Zoning Class.:	
Job Description: _____ _____				
Property Owner	Name: _____			
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
Trade Contractor	Name: _____		State License No.: _____	
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
Type of Service: Public: [] Size: _____ Other: _____ Private: [] Size: _____ Septic Tank: _____ Check if Applicable [] PLUMBING [] FIRE SUPPRESSION Number of Heads: _____			NUMBER OF: Water Heater: _____ Sinks: _____ Dishwasher: _____ Disposal: _____ Toilets: _____ Separate Showers: _____ Tub/Shower Combo: _____ Tubs: _____ Washer: _____ Laundry Tub: _____ Hose Bib: _____ Other: _____	
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.				
Signature of Licensed Cardholder:			Date:	
FOR OFFICE USE ONLY			Accepted by:	
Construction Type:			Occupancy:	
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____

Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521			HVAC/Fuel Gas Permit Application	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/Repair		Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____		
JOB SITE ADDRESS: _____ PROJECT NAME: _____ LOT/ SUITE #: _____				
Property Use:			Zoning Class.:	
Job Description: _____ _____				
Property Owner	Name: _____			
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
Trade Contractor	Name: _____		State License No.: _____	
	Address: _____		State: _____ Zip: _____	Phone: _____ Email: _____
<input type="checkbox"/> Total Electric <input type="checkbox"/> Total Gas <input type="checkbox"/> Both Gas and Electric Number of Tons: _____ Number of BTUs: _____ Heating and/or Cooling Units: _____ Supply and Return Drops: _____ Exhaust Fans: _____ Grease/Vent Hood: _____ Other: _____			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Natural Gas <input type="checkbox"/> FURNACE MBTU _____ <input type="checkbox"/> FIREPLACE MBTU _____ <input type="checkbox"/> OVEN/RANGE MBTU _____ <input type="checkbox"/> DRYER MBTU _____ <input type="checkbox"/> WATER HEATER MBTU _____ </div> <div> <input type="checkbox"/> L.P.G </div> </div>	
SERVICE PROVIDER: _____				
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.				
Signature of Licensed Cardholder: _____			Date: _____	
FOR OFFICE USE ONLY			Accepted by: _____	
Construction Type: _____			Occupancy: _____	
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____