

**APPLICATION FOR BUILDING PERMIT**

Franklin County Planning & Zoning Department  
141 Athens Street, P.O. Box 159, Carnesville, Georgia 30521

Phone: (706)384-2483

Fax: (706)384-7089

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**SITE INFORMATION:**

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_ Acreage of Parcel: \_\_\_\_\_

**Copy of Plat must be attached.**

Zoning of Parcel:  AG  AI  AR  AB  RS  RM  CC  CG  CI  EC

IS YOUR LAND IN CONSERVATION USE?  Yes  No **(IF SO, PLEASE CONTACT THE TAX ASSESSORS)**

Are there any other structures on the property?  Yes  No

Water Supply:  City  County  Individual Well  Community Well  n/a

Septic Tank Permit # (if required): \_\_\_\_\_ (attach copy of permit)

Electric Service Provider:  Hart EMC  Georgia Power

**CONTRACTOR INFORMATION:**

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

**PROPOSED CONSTRUCTION (check all that apply):**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Residence	<input type="checkbox"/> Commercial Building
<input type="checkbox"/> Addition	<input type="checkbox"/> Poultry House	<input type="checkbox"/> Barn
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Auto Storage	<input type="checkbox"/> Storage Building
<input type="checkbox"/> Deck	<input type="checkbox"/> Other	

Square footage of proposed construction: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Proposed use of structure: \_\_\_\_\_

***This application is true and complete to the best of my knowledge and the proposed work meets all codes and ordinances of Franklin County.***

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

<b>FOR OFFICE USE ONLY:</b>	<input type="checkbox"/> Approved for Permit	By: _____	Date: _____
-----------------------------	--	-----------	-------------