

# COMMERCIAL BUILDING PERMIT APPLICATION and plan transmittal



**Building Department**  
 25 LaGrange Street  
 Newnan, GA 30263  
 Ph. 770-254-2362 Fax 770-254-2361  
 Email – pstrickland@cityofnewnan.org



Project Address: \_\_\_\_\_  
Number and Street Project Name

GC Company Name and Contact \_\_\_\_\_  
Company Name Phone Number State Card Number

Contractor Name and Contact #: \_\_\_\_\_  
Qualifying Agent Name or Contractor Name Phone Number State Card Number

- Project:       Shell Only                       Interior Finish-out Only                       White Box (no restrooms)  
                   Alteration or Renovation       Complete Structure                                       White Box (w/restrooms)

Total square footage of improved area: \_\_\_\_\_ Estimated cost of project: \_\_\_\_\_

Construction Type:      IA      IB      IIA      IIB      IIIA      IIIB      IVA      IVB      VA      VB  
Circle all that apply

Occupancy Group:     Assembly     Business     Educational     Factory and Industrial     High Hazard  
Check all that apply       Institutional     Residential     Mercantile     Storage     Utility and miscellaneous

Will/does this structure/space contain an automatic fire-extinguishing sprinkler system?     Yes             No

Will this occupancy serve food or coffee or have food/coffee catered into the space as an option of business?  
 Yes             No

Further Description of project: \_\_\_\_\_

This Application is to be accompanied by a General Contractor State Card issued by the State of Georgia, and a business license issued from within the State of Georgia. Commercial permits cannot be issued to “Residential Basic” card holders.

Printed name Authorized Agent\*                                      Signature of Applicant or Authorized Agent\*                                      Date Signed

\*Authorized Agent must supply notarized “Authorized Permit Agent Form”

\_\_\_\_\_  
 Email address of Superintendent of Project