

COMMERCIAL BUILDING PERMIT APPLICATION and plan submittal form



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

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"

City Use only

City Impact Fees Paid _____ Newnan Utilities Impact Fees Paid _____

Engineering _____ Landscape Architect _____ Planning and Zoning _____