

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: _____

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

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