



**MACON-BIBB COUNTY
BUSINESS DEVELOPMENT SERVICES**
200 Cherry Street, Suite 202
Macon, GA 31201
(478) 803-0470

**COMMERCIAL
BUILDING PERMIT
APPLICATION**

PROJECT INFORMATION

Estimated Cost Value (Including Labor and Materials): \$ _____

Job Site Address: _____ Suite #: _____

Project Name/Business Name: _____

Life Safety Code Use: _____ Number of Stories: _____ Sprinkled: Yes No

Occupancy Type: _____ Construction Type: _____ Design Occupant Load: _____

Area of Improvement (Sq Ft): _____ Total Area (Sq Ft): _____

GENERAL CONTRACTOR

Business Name: _____

Address: _____

Phone: _____ Email: _____

Please check the Subcontractor Trades covered under this permit.

Electrical Low Voltage Mechanical Plumbing Fire Protection

PROPERTY OWNER

Owner's Name: _____

Owner's Address: _____

Phone: _____ Email: _____

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE (Architect and/or Engineer)

Name: _____

Address: _____

Phone: _____ Email: _____

CONTACT PERSON

Name: _____

Phone: _____ Email: _____

I acknowledge that submission of this application does not ensure issuance of a permit to construct. Furthermore, this application for a permit does not grant or imply the right to start construction without the issuance of the permit. Starting work prior to the permit issuance may result in the issuance of a Stop Work Order and/or criminal citation with penalties and fees being assessed by Macon-Bibb County.

Signature of Licensed Cardholder: _____ Date: _____

FOR OFFICE USE ONLY

Plan Review Fee:\$	Permit Fee:\$	Total Fee Due:\$
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