



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

**SINGLE TRADE
PERMIT
APPLICATION**

PROJECT INFORMATION

ELECTRICAL LOW VOLTAGE MECHANICAL PLUMBING GAS

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

Job Site Address: _____ Suite #: _____

Project Name/Business Name: _____

Detailed Scope of Work: _____

TRADE CONTRACTOR

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

PROPERTY OWNER

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

CONTACT PERSON

Name: _____

Phone: _____ Email: _____

NOTICE: 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

Notes: _____

Permit Fee: \$ _____ Permit Tech: _____ Permit #: _____