



UPSON COUNTY BUILDING AND ZONING DEPARTMENT
DRAKE BUILDING
305 S. HIGHTOWER STREET, SUITE D-100
THOMASTON, GA 30286-4170
(706) 647-1297 FAX (706) 647-2693

UPSON COUNTY BUILDING PERMIT APPLICATION

PERMIT NUMBER _____ ISSUE DATE _____

I am hereby applying for a permit to complete the below described work in accordance with all applicable regulations. Two (2) sets of construction drawings, specifications and other associated materials have been submitted. Two copies of the site plan have been submitted, as appropriate.

JOB SITE ADDRESS (Street Number, Street Name, Unincorporated or City)						MAP #	PARCEL #
PROPERTY OWNER NAME, ADDRESS						PHONE:	
<input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner		PRIMARY CONTRACTOR (Name, Company, Complete Address)					
CONTRACTOR PHONE			OCCUPATION TAX CERTIFICATE RECEIVED ____ FROM:			STATE LICENSE #	
CHECK ALL THAT APPLY: Commercial _____ Residential _____ Accessory _____ Other _____ Demolition _____ Electrical _____ Mechanical _____ Plumbing _____ Specialty _____		OVERALL JOB DESCRIPTION/SCOPE OF WORK:					
		ELECTRICAL WORK DESCRIPTION					
MECHANICAL WORK DESCRIPTION:							
PLUMBING WORK DESCRIPTION:							
Existing Bldg _____ New Bldg _____		TOTAL SF. OF BLDG	TOTAL HEATED SF	STORIES	# OF BDRMS	# OF BATHROOMS	
ELECTRIC PROVIDER	VOL. FIRE DISTRICT	DEED BOOK	DEED BOOK PAGE	PLAT BOOK		PLAT BOOK PAGE	
EST. VALUE - LABOR & MATERIALS		PERMIT FEE	PLANS REVIEW FEE	PENALTY FEES	FEE TOTAL		
\$		\$	\$	\$	\$		
ELECTRICAL CONTRACTOR (Name, Company, Complete Address)						Phone	
State License No.			Expires:		Current Occupation Tax Certificate Issued By:		Expires:
MECHANICAL CONTRACTOR (Name, Company, Complete Address)						Phone	
State License No.			Expires:		Current Occupation Tax Certificate Issued By:		Expires:

PLUMBING CONTRACTOR (Name, Company, Complete Address)								Phone:		
State License No.				Expires:		Current Occupation Tax Certificate Issued By:			Expires:	
ARCHITECT/OTHER CONTRACTOR (Name, Company, Complete Address)								Phone:		
State License No.				Expires:		Current Occupation Tax Certificate Issued By:			Expires:	
Zoning District:										
Setbacks - Front:				Rear:			Side:			
Parcel Size:				acres						
Floodplain: Yes _____ No _____ FIRM #								FIRM Date:		
FOR BUILDING & ZONING DEPARTMENT ONLY										
<p>Notice: No changes shall be made from the job descriptions /scopes of work as described in this application, or in the attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the appropriate official for such changes. Granting of a permit shall not be construed as a permit for or an approval of any violation of the adopted building codes or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined the application and the information provided herein is true and correct. I further certify that all construction will comply with the International Building codes as adopted by the State of Georgia and/or Upson County and the City of Yatesville.</p>										
<p>X _____ Signature – Responsible Contractor or Authorized Agent: Date</p>										
<p>X _____ County Official or Authorized Representative Date</p>										

Applicant **MUST** attach:

- State License Card (s)
- Occupation Tax Certificate/Business License (s)
- Driver's License(s)
- At Least Two (2) Copies of All Plans, Including the Site Plan & Project Specifications