

TOWN OF HOMER  
 PLANNING and ZONING  
 BUILDING INSPECTION and PERMITTING  
 706-677-3510  
 www.cthomer@windstream.net

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**SITE INFORMATION:**

Site Address:	Project Name:
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**BUILDING CONTRACTOR INFORMATION:**

Name or Business Name:		
Address:		
City/State/Zip:	Phone:	
Contact Name:	Phone:	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other

*Please attach a copy of the contractor's state license, business license, and photo ID.*

**OWNER INFORMATION:**

Name:	Phone:
Address:	City/State/Zip:
CLASS OF WORK:    Complete New Construction    Addition    Renovations / Remodel    Repairs	
WORK AREA (Square Feet):	VALUATION OF WORK: \$
DESCRIBE SCOPE OF WORK:	
PROPOSED USE:	
UTILITIES:    GAPowerCo.    Jackson EMC    Toccoa Gas    Atlanta Gas Light	
OTHER WORK TO BE DONE (see *NOTICE below):    Electrical    Mechanical    Plumbing	

I HEREBY CERTIFY THAT I HAVE READ AND COMPLETED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND THIS DOCUMENT IS FOR INFORMATION PURPOSES AND NO WORK WILL BEGIN UNTIL A PERMIT HAS BEEN ISSUED.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT (State License Holder)

\_\_\_\_\_  
 (DATE)

Fees may be paid by cash or check payable to Town of Homer. To pre-determine your permit fees you may contact us at the number above.

**\*NOTICE: SEPARATE PERMITS ARE REQUIRED FOR MECHANICAL, ELECTRICAL, AND PLUMBING.**