



# BANKS COUNTY COMMERCIAL PHASE II PACKET

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150 HUDSON RIDGE, SUITE 4 HOMER, GA 30547 PH: 706-677-4272

New commercial construction in Banks County is a two-phase process. To apply for a Phase II permit, you will need to submit a completed Phase II application packet and a digital copy of your construction plans to [PlanningOffice@co.banks.ga.us](mailto:PlanningOffice@co.banks.ga.us) (you may submit fire suppression plans separately if needed.)

The following items should be included in your application packet:

- Completed Phase II application
- Digital submission of construction plans (inc. fire) for review
- Licensed contractor licensing information
- Sub-contractor licensing information
- Septic permit, if required
- Site plan (scaled lot drawing with footprint of structure and any other structure located on property, show building limitations, setback requirements, and erosion sediment control)
- Fire Suppression Plans: Alarm and Sprinkler

Once we have received your **COMPLETED** packet, we will submit your plans to the commercial plan reviewer. Review comments are usually returned within 14 business days, but depending on the scope of your work- the review can take longer. Once we have an approved set of plans, we ask for you to have copies printed for this office as well as a copy for the work site. At this time, we will set up a pre-construction meeting with our inspector at Bureau Veritas. Building permits will be issued at the close of that meeting.

Note: We will not accept incomplete application packets to secure early reviews on construction plans. Please submit your entire packet to be considered for review.

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# COMMERCIAL Phase II- Construction APPLICATION

Building Inspection Office  
150 Hudson Ridge Suite 4  
Homer, Georgia 30547  
Office: 706.677.4272  
www.bankscountyga.org

Permit # \_\_\_\_\_

Map/Parcel # \_\_\_\_\_

Acreage \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Business Name \_\_\_\_\_

Construction Address \_\_\_\_\_

Licensed Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business License County \_\_\_\_\_ State License Number \_\_\_\_\_ Exp. \_\_\_\_\_

Primary Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Heated Sq. Footage \_\_\_\_\_ Unheated Sq. Footage \_\_\_\_\_ Total \_\_\_\_\_

Estimated Cost of Construction \$ \_\_\_\_\_

**Submit a digital copy of plans for review showing the following details:**

- |                              |   |
|------------------------------|---|
| a. Foundation                | h. U.L. Details for all fire rated partitions |
| b. Elevations (all sides)    | i. Handicap accessibility compliance          |
| c. Floor plan                | j. Truss layout/framing plan (Floor/Roof)     |
| d. Electrical circuit layout | k. Fire sprinkler/fire alarm plans            |
| e. Mechanical layout         | l. DOT driveway permit approval               |
| f. Plumbing Layout           | m. Parking/loading requirements               |
| g. Typical wall sections     | n. Design standards for new buildings         |

*Application is hereby made according to the laws and resolutions of Banks County to perform the above listed work. If a permit is issued, I agree to conform to all laws and resolutions regulating the same. By my signature below, I certify that the application and any attached data is correct.*

\_\_\_\_\_  
Property Owner or Applicant

\_\_\_\_\_  
Date

Any electrical, plumbing, and/or mechanical work being done will require individual sub applications. Submit digital plans to PlanningOffice@co.banks.ga.us

# COMMERCIAL SUB-CONTRACTORS

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Master Permit # \_\_\_\_\_

## Electrical Contractor

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State License Number \_\_\_\_\_ Exp. \_\_\_\_\_

## Plumbing Contractor

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State License Number \_\_\_\_\_ Exp. \_\_\_\_\_

## Mechanical Contractor

Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State License Number \_\_\_\_\_ Exp. \_\_\_\_\_