



## BUTTS COUNTY BOARD OF COMMISSIONERS OFFICE

### PLANNING & DEVELOPMENT DEPARTMENT

625 West Third Street, Suite 3 - Jackson, Georgia 30233

Office 770-775-8200 - Fax 770-775-8225

[www.buttscounty.com](http://www.buttscounty.com)

### ZONING PRE-CLEARANCE APPLICATION

All business wishing to operate within Butts County, including the City of Jackson and City of Jenkinsburg, must be examined for zoning designation compliance by the Community Development Department.

The "Zoning Compliance" letter will be forwarded to the "Occupational Tax-Business License Division", upon approval of allowed use of property. A successful completion of this step will allow an applicant to acquire an "Occupational Tax –Business License" application.

**Please Note:** The imposition of court fines and the revocation of the "Occupational Tax Permit – Business License" will occur at any time in the event that any information contained with the application is false, fraudulent and unlawful.

**\*CURRENT TAX RECEIPT(S) SHOWING ALL PERSONAL AND REAL PROPERTY TAXES PAID \*MUST BE STAMPED BY BUTTS COUNTY TAX OFFICAL \***

APPLICANT: \_\_\_\_\_  
APPLICANT'S PHYSICAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

**DESIGNATED BUSINESS ADDRESS & PARCEL NUMBER:** \_\_\_\_\_  
\_\_\_\_\_

PLEASE SPECIFY IN WHICH PROPERTY WILL BE USED:

HOME OFFICE USE ONLY \_\_\_\_ COMMERCIAL USE \_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ TYPES OF PRODUCT(S) AND OR SERVICE OFFERED: \_\_\_\_\_

DAYS/ HOURS OF OPERATION: \_\_\_\_\_  
ESTIMATED # OF EMPLOYEES: \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear, subject to criminal penalties, that the information in this document is true and no false or fraudulent information is used herein.

X \_\_\_\_\_  
*Applicant Signature* *Date*

**Office Use:** \_\_\_\_\_ Butts County \_\_\_\_\_ Flovilla \_\_\_\_\_ City of Jackson \_\_\_\_\_ Jenkinsburg  
Zoning \_\_\_\_\_ Classified Business Type: \_\_\_\_\_  
Parcel # \_\_\_\_\_ NACIS # \_\_\_\_\_

### BOARD OF COMMISSIONERS

**Mike Wilson**  
District 1 Commissioner

**Jeremiah Hosford**  
District 2 Commissioner

**Joe Brown**  
District 3 Commissioner

**J. Keith Douglas**  
District 4 Commissioner

**Russ Crumbley**  
District 5 Commissioner

### ADMINISTRATION

**Brad Johnson**  
County Manager

**Brad Vaughan**  
Planning & Development  
Director

**Channing Cawthon**  
Planner

**Shana Corley**  
Office Manager

**Jeremy Head**  
Building Official

**Kyle Golberg**  
Building Plan Reviewer &  
Building Inspector

**Christopher Sears**  
Code Enforcement Officer



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**PROPERTY OWNER AFFIDAVIT**

I, \_\_\_\_\_ (Property Owner), property owner  
of \_\_\_\_\_ (street), \_\_\_\_\_ (city),  
\_\_\_\_\_ (state) \_\_\_\_\_ (zip code).

I GIVE / DO NOT GIVE (circle one),  
\_\_\_\_\_ (Tenant's name) permission to operate;  
\_\_\_\_\_ (Business Name) at above stated  
property address.

<u>X</u> _____ Signature of Property Owner	<u>X</u> _____ Signature of Tenant
_____ Printed Name	_____ Printed Name

*SUBSCRIBED AND SWORN TO BEFORE ME ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_.*

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_