



BOARD OF COMMISSIONERS

Joe Brown
Board Chairman
District 3 Commissioner

J. Keith Douglas
Vice-Chairmen
District 4 Commissioner

Russ Crumbley
District 5 Commissioner

Robert L. Henderson, Sr.
District 2 Commissioner

Ken Rivers
District 1 Commissioner

ADMINISTRATION

Brad Johnson
County Manager

Brad Vaughan
Planning & Development
Director

Channing Ferguson
Planning Technician

Shana Hall
Office Manager

Jeremy Head
Building Official

Christopher Sears
Code Enforcement Officer

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

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.

PROOF FROM LOCAL TAX COMMISSIONER'S OFFICE OF ALL TAXES MUST BE ATTACHED SHOWING PAID OR CURRENT BEFORE ISSUANCE OF THIS CLEARANCE

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: _____ #FULL TIME EMPLOYEES _____ #PART-TIME _____

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: _____



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PROPERTY OWNER AFFIDAVIT

I, _____ (Property Owner), property owner of
_____(street), _____(city),
_____(state).

I **GIVE / DO NOT GIVE** (circle one),

_____(tenant's name) permission to operate
_____(Business Name) at above stated
property address.

Executed on _____(month), _____(day), 20____(year), in
_____(city), _____(state).

X _____
Signature of Property Owner

Printed Name

X _____
Signature of Tenant

Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS,
THE _____ DAY OF _____, 20_____.

Notary Public
My Commission Expires: _____