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

Doug Attaway
Deputy Director

Shana Corley
Office Manager

Jeremy Head
Building Official

Kyle Golberg
Building Plan Reviewer & Building Inspector

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.

***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 #_____

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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.

X_____ X_____
Signature of Property Owner Signature of Tenant

_____ _____
Printed Name Printed Name

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

_____
Notary Public
My Commission Expires: _____