



City of Baldwin Certificate of Occupancy Application

P.O. Box 247 / 130 Airport Rd., Baldwin, GA 30511

Attn: Tommie Perry (706)778-6341

**Opening Date or Expected Occupancy: _____ **

Date of Application: _____

Contact Person Name: _____

Business Address: _____

Applicant's Address: _____

To be Occupied by: _____ Contact Phone: (____) ____ - ____

(Trade or Business Name)

Area of Building to be Occupied: _____ Approx. Sq. Ft. _____

Scope of Business: _____ (Example: Retail,
Office, Restaurant, etc.)

Building Owner: _____

Building Owner's Address _____

Building Owner's Phone: Home: (____) ____ - ____ Cell: (____) ____ - ____

Applicant's Signature: _____

Date: _____ Occupancy Permit Fee Base Fee.....\$50.00 Administration
Fee.....\$20.00 TOTAL FEE.....\$70.00

Permit #: _____ Date Entered: _____

Amount: \$70.00 Payment Type: Check ____ Cash ____ Visa ____ MC ____