



City of Dawsonville
 P.O. Box 6, 415 Highway 53 East, Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
www.dawsonville-ga.gov

Planning & Zoning Fees Application

Parcel #: _____ Address: _____ Historic District
 Applicant/Contractor Name: _____ Company: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Attach Copy of Business License & Contractor License
 Property Owners Name: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Signature: _____ Date: _____ Health Dept. Approval: _____

	Fee Each	Qty./Sq. Ft.	Cost
Tenant Change – Fire Marshal Inspections/CO (Minor Remodel - no mechanical changes needed)	\$100.00 Fee Each for: (Hood/Sprinkler/Alarm Systems)		
Plan Review - Residential Remodel / Addition	\$200.00		
Out-Building Addition Permit (1 0'x1 0'/1 00sq.ft. +)	.1 2 per sq. ft		
* A drawing of this property for an Addition/Remodel or Outbuilding placement must be included for approval, with all pertinent information including a description, setbacks, and any mechanicals (electric, plumbing, HVAC).			
Remodel /Addition Permit	.1 2 per sq. ft		
Electrical / Plumbing / HVAC Mechanicals per sq. ft.	Calculate		
0 – 1 000 square feet	\$20.00 each (x 3)		
1001 – 2000 square feet	\$30.00 each (x 3)		
2001 – 3000 square feet	\$40.00 each (x 3)		
3001 – 4000 square feet	\$50.00 each (x 3)		
4001 square feet and up	\$60.00 each (x 3)		
Land Disturbance Fee	\$190.00 per acre		
Demolition	\$50.00 flat rate		
Swimming Pool (inground/private)	.20 per sq. ft.		
Swimming Pool Deck (above-ground/private)	.1 0 per sq. ft.		
Electrical Permit for Swimming Pool	\$40.00		
Moved Structures	\$200.00 flat rate		
Communication Tower	\$500.00		
Agricultural	.04 per sq. ft. (\$1 00 max.)		
Inspection by City Inspector	\$50.00 each		
City Zoning Map or Boundary Map	\$1.00 each		
Miscellaneous Copy/Fax/Plat Charges	See Service Fee Chart		

Note ... Minimum Permit Fee: \$40.00		Total: \$
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(Historic District Permits) Planning Commission Meeting Date: _____ Planning Director Approval: YES NO
 Processed by: _____ Invoice: _____ Amount Paid \$ _____ Check # _____ / Cash