

# Dawson County Emergency Services

**SEND TO:**

Planning and Development  
393 Memory Lane  
Dawsonville, GA 30534  
mhonn@dawsoncountyga.gov  
706.344.3500 ext 44510

**SEND RECEIPT:**

City of Dawsonville  
415 Highway 53 East  
Dawsonville, GA 30534  
inspections@dawsonville-ga.gov  
706.203.4923

**All fee's are reference only, actual fee's may be higher or lower, please check with Dawson County**

PLAN REVIEWS AND INSPECTIONS FEES

<input type="checkbox"/>	Building less than or equal 10,000 square foot gross floor area	150.00
<input type="checkbox"/>	Building over 10,000 square foot gross floor area per square foot	0.015
<input type="checkbox"/>	Second re-inspection	150.00
<input type="checkbox"/>	Third re-inspection	220.00
<input type="checkbox"/>	Certificate of Fire Safety Compliance (C/O)	150.00
<input type="checkbox"/>	Licensure of Facilities inspection	50.00
<input type="checkbox"/>	Blasting permit	75.00
<input type="checkbox"/>	Heated tar pots roofing operations	75.00
<input type="checkbox"/>	Installation or removal of underground tanks per tank	100.00
<input type="checkbox"/>	Installation of Fire Suppression and Protection systems (Hood systems, Sprinkler systems, Alarm systems)	150.00
<input type="checkbox"/>	Copies of reports (per copy)	2.00
<input type="checkbox"/>	Plan Review / Civil Plan Review	150.00

Admin Fee: 50.00

Total: \$ \_\_\_\_\_

Business/Project Name \_\_\_\_\_

Business/Project Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Payment Information \_\_\_\_\_

TMP# \_\_\_\_\_

Permit #: \_\_\_\_\_

For inspections please call: 706-344-3608 and state  
this is for a Fire Marshal (inspection fee type) inspection

**DAWSON COUNTY PLANNING & DEVELOPMENT**

**25 Justice Way, Suite 2322**

**Dawsonville, Ga. 30534**

**Phone: 706.344.3500 x 42255 Fax: 706.531.2721**

**BANK CARD TRANSACTION FORM**

**This form must be completed and submitted to Planning and Development.  
Transactions cannot be processed unless ALL information is submitted.**

**Type of Card: Visa    Mastercard    American Express    Discover**

**Payment Amount: \_\_\_\_\_ (processing fee will be added to final total)**

**Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_**

**Name on Card: \_\_\_\_\_ Security Id#: \_\_\_\_\_  
(3-digit # on back of card)**

**Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_**

**Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_**

**Payment For: \_\_\_\_\_**

**Signature of Card Holder: \_\_\_\_\_**

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**Total Payment: \_\_\_\_\_**

**Processed By: \_\_\_\_\_ Date: \_\_\_\_\_**