

Dawson County Emergency Services

SEND TO:

Planning and Development 393
Memory Lane Dawsonville, GA 30534
firesafety@dawsoncountygga.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

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 EMERGENCY SERVICES
393 MEMORY LANE
DAWSONVILLE, Ga. 30534
Phone: 706.344.3500 x 44510

BANK CARD TRANSACTION FORM

**This form must be completed and submitted to Dawson County
Emergency Services. 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: _____

Total Payment: _____

Processed By: _____ **Date:** _____