



PUTNAM COUNTY PLANNING & DEVELOPMENT

117 Putnam Drive, Suite B ♦ Eatonton, GA 31024

Tel: 706-485-2776 ♦ 706-485-0552 fax ♦ www.putnamcountyga.us

HOME OCCUPATION PERMIT APPLICATION INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

NEW: _____

Registration# _____

Permit Fee for Business: \$100.00

The undersigned, (name) _____ desires to
operate the following home business:

located at:

Mailing Address: _____

Letter of Intent _____ (New Businesses)

Map/Parcel: _____

Phone: _____

Zoned: _____

Federal Tax I.D.: _____

GA Tax Number: _____

Applicant agrees that the permit applied for by him/her shall not, when granted, become a civil contract between the applicant and the governing authority of the County, but shall operate purely as permit to the applicant, and said permit may be revoked by Planning & Development of said County at any time.

Applicant certifies that the information provided as a part of this application is correct and further states that he/she is authorized to make application for said permit.

Date: _____

By: _____

Authorized Signature

Applicant herewith tenders the sum of \$ 100.00 as the permit fee on the business proposed to be conducted by the applicant.

(Receipt number _____ cash _____ /credit card _____ /check# _____)

Received By: _____

Putnam County Planning & Development

Approved By: _____

All Email submittals must be sent to
pdsuubmittals@putnamcountyga.us for processing

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SAVE Affidavit

(U.S. Citizens are only required to provide this affidavit one time)

By executing this affidavit under oath, as an applicant for a Putnam County ,Georgia Occupation Registration/Home Occupation Registration as referenced in O.C.G.A. § 36-60-6, from the Putnam County Planning and Development, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Please check one box only

- 1) I am a United States citizen
- 2) I am a legal permanent resident of the United States
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant:

Printed Name:

Date _____

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

Notary Public Signature: _____
My Commission Expires: _____

Affix Notary stamp/seal here

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E-Verify Exemption Affidavit **(For Businesses that have 10 or less employees)** **(Required with initial application only)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Name of Business: _____

Address: _____

City, State, Zip Code: _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20_____ in

_____ (city), _____
(state).

Signature of Authorized Officer or Agent: _____

Printed Name and Title of Authorized Officer or Agent: _____

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

Notary Public Signature

Affix Notary Stamp/Seal here

My Commission Expires: _____

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Letter of Intent

Your letter of intent should include the following:

- Your Name
- The name of the business
- Location of the business
- The type of business
- What you will be doing at that business
- “There will be no outside display”

Ex:

Date

My name is Jim Doe. I would like to open a handyman business installing cabinets at 1234 My Address Dr. City, State, Zip. My business will consist of the removal of old cabinets and the installing of new cabinets. There will be not outside display.

Printed Name

Signature