



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

RENEWAL: _____ 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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E-Verify & SAVE Documents Confirmation Form

I certify the following:

I am a U.S. Citizen and have previously submitted a SAVE Affidavit to Putnam County.

I have more than 10 employees and have previously submitted an E-Verify Affidavit to Putnam County.

My E-Verify Number is (must be a number between 4 and 6 digits): _____

My Date of Authorization is: _____

(Above information must match what is currently on file with Putnam County)

I have 10 or less employees and have previously submitted an E-Verify Exemption Affidavit to Putnam County.

Name of Individual: _____

Name of Business: _____

Address: _____

City, State, Zip Code: _____

Signature: _____

Date: _____