



Proposed Construction Work Review

Property Address: _____

Scope of work: _____

Applicant Name (print): _____ Date: _____

Business Name (print): _____

Applicant Signature: _____ Phone Number: _____

FOR OFFICE USE ONLY

Zoning District _____ Map/ Parcel Number: _____

_____ (staff initials) **The proposed work as mentioned above DOES NOT require
Macon-Bibb Planning & Zoning Commission approval.**

P & Z Comments: (if needed) _____

This release does not guarantee land-use approval. All work is performed at the risk of the tenant or owner until a zoning compliance is issued for the proposed land-use. This release is intended for interior modifications of existing land-uses with valid zoning permits or those uses that must make modifications for other departments (MWA or Health, etc.) before they can obtain a zoning permit. Exterior facades or roofing in design review districts require Design review Board approval for any changes in design or materials.

Prior to obtaining a building permit, it is advisable that uses involving food service, tourist accommodations, Body Art Studios, public pools, saunas, etcetera, contact the Macon-Bibb Health Department, (478) 749-0106

May be Subject to Macon Water Authority Approval, Please contact Algernon Wallace at (478)-464-5662 for more information

Review Officer: _____ Date: _____