



# BARTOW COUNTY

Steve Taylor, Sole Commissioner

Local Fire Marshal's Office  
Gary Garland, Fire Marshal  
5435 Highway 20 N.E.  
Cartersville, GA 30121  
Office: 678-721-5495  
Email: [garlandg@bartowga.org](mailto:garlandg@bartowga.org)

Building Inspections Dept.  
Todd Gregory, Building Official  
135 W. Cherokee Ave, Ste 124  
Cartersville, GA 30120  
Office: 770-387-5067  
Email: [gregoryt@bartowga.org](mailto:gregoryt@bartowga.org)

## Fire Marshal Inspection for Business License Approval

Name of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Mailing Address (if diff from physical): \_\_\_\_\_

Parcel Id #: \_\_\_\_\_ Incorporated / Non Incorporated? \_\_\_\_\_

*\*Complete if Leasing the Building / Suite\**

Facility Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full Description of Business: \_\_\_\_\_

Type of Occupancy: (Check all that apply.)

Education \_\_\_\_\_ Rooming House \_\_\_\_\_ Storage \_\_\_\_\_ Mercantile \_\_\_\_\_

Apartment Bldg \_\_\_\_\_ Industrial \_\_\_\_\_ Business \_\_\_\_\_ Hotel/Dormitory \_\_\_\_\_

Day Care \_\_\_\_\_ Health Care \_\_\_\_\_ Boarding House \_\_\_\_\_ Tent \_\_\_\_\_

Ambulatory Healthcare \_\_\_\_\_ Dentention/Corrections \_\_\_\_\_ Residential Board & Care \_\_\_\_\_

Special Structure (specify) \_\_\_\_\_ Place of Assembly \_\_\_\_\_ \*If Assembly,  
specify approximate occupant load: \_\_\_\_\_

For restaurants with occupant load <50 use mercantile;

Class A > 1000      Class B 301-1000      Class C 50-300

Is this a change of occupancy from what the usage was? \_\_\_\_\_

\*IF CONSTRUCTION WILL BE DONE, PLEASE LIST THE SCOPE OF WORK:

---

---

---

(If changes are being made to the structure to accommodate the new business, then a building permit may be required, along with construction and/or site plan submittal. For construction drawings we will need 3 complete sets and 1 disk with the plans on them. For site plans we will need 2 complete sets and with either submittals an application must be completed and plan review fees may be applicable. Please contact Building Inspections for further information at 770-387-5005, ext. 1. Plans are accepted Monday through Friday from 9:00 a.m. to 4:00 p.m. All plans must be submitted to the Bartow County Building Inspections Department. Please obtain a copy of our Plan Design Requirements Handout for details on plan design.)

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with applicable fire codes of the State of Georgia and the applicable building codes of the State of Georgia and the Bartow County Building Ordinances.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Best Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY: (PERMIT # FM \_\_\_\_\_)**

DATE RECEIVED: \_\_\_\_\_ SQ/FT OF BLDG: \_\_\_\_\_

FEE PAID: \$ \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_

NEW BUSINESS CHECKLIST GIVEN? YES or NO