



COLUMBIA COUNTY, GA - OCCUPATIONAL TAX PLACARD
DETERMINATION OF ZONING APPROPRIATENESS
CONTACT NUMBER: (706) 868-3400
Planning@columbia.gov

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Please print and complete form in its entirety. Use "N/A" where item is "Not Applicable":

Shopping Center Name (where applicable): _____

Subdivision Name (Home Occupation Only): _____

Describe in detail the type of business being conducted upon the property (e.g. the nature of the business, the hours of operation, the number of employees, any outdoor storage and/or display, etc.). Be very specific and detailed. Please use Page 2 of the form (on the back) or an additional sheet of paper if necessary.

Business Signage Being Installed?

Yes: _____ (You must obtain a County sign permit prior to installation)

No: _____

Home Occupation (Business within a Dwelling in which You Reside)?

Yes: _____

No: _____

If "Yes" for Home Occupation, also complete the following or print N/A:

Percentage of Dwelling (Principal Structure) Being Occupied by the Business: _____ %

Percentage of Accessory Structure Being Occupied by the Business: _____ %

Number of Employees who are also Residents of the Dwelling: _____

My Applicant signature attests to the truthfulness and completeness of the information contained herein and that I have read and understood the Columbia County Zoning Ordinance and applicable regulatory codes and agree to abide by the same. Furthermore, I understand that approval of the Determination of Zoning Appropriateness does not specifically constitute approval for occupancy nor bypass any other permits and/or inspections which are required by local, State, or Federal Codes. O.C.G.A. 16-10-20 specifies penalties for false statements.

Applicant Signature: _____

Staff Use Only – DO NOT WRITE BELOW THIS LINE!

Zoning: _____

Approved: _____ **Denied:** _____

Comments: _____

Staff Signature: _____ **Date:** _____



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Page 2

Describe all Business Activities which occur within Principal and/or Accessory Building(s) Located On-Site:

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Describe all Business Activities (e.g. display, storage, assembly, manufacture, finish, etc.) which occur OUTSIDE the building:

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Identify the Number of Business Employees, the Hours of Operations, Number of Business Vehicles, etc.:

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Describe any Federal, State, or Local licenses which are particular to the profession being engaged and the subject of the Occupational Tax request:

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