



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

COMMERCIAL BUILDING PERMIT PACKAGE

Date Received: _____
Received by: _____

To Apply for a Commercial Building Permit

STEP 1: Pick up the Development Package from the **Department of Community Development** (Room 503, 423 College Street, Carrollton, Georgia, or print a copy online at www.carrollcountyga.com.

STEP 2:

A. Ask staff to complete the *Parcel Information Sheet* or go to the Map Room (Room 414) to have it filled out. **All applications involving the assignment of new addresses require the applicant to go to the Map Room.**

B. Complete the **Commercial Building Permit Package**.

Information check list (before the County procedure can begin, every form must be filled out correctly and include)

- Property address
- Property owner's names, address, phone number, and work number
- Contractor's name, address, and phone number (Electrical, Plumbing, and HVAC)
- Contractor's state license and Occupational Tax License
- One complete set of commercial building plans

Please see the instructions explaining how the sketch on this sheet is to be completed. A professionally drawn site plan can be submitted in lieu of the sketch.

C. Complete the *Plan Review Sheet* and the *Erosion Control Affidavit* for Commercial Construction. Applicants must comply with the Corridor Development Plan for projects on a state highway. These standards are located in the Carroll County Zoning Ordinance.

D. Complete the *Carroll County Environmental Health Septic Tank application*. This is not included in the online materials and may be obtained by visiting the Environmental Health Department at 423 College Street, Room 508.

E. Have your contractors fill out and sign the *Contractor's Affidavit(s)* with a notarized signature. Administrative staff will notarize the documents for you at no additional charge. *(Subcontractors must have on file with the Department of Community Development the following documents: Contractors State License and Occupational Tax Certificate).*

STEP 3:

A. Return this completed **Commercial Building Permit Package** to the Department of Community Development. (Administration Building, Room 503).

The completed application will contain:

- Parcel Information Sheet
- Plan Review Sheet with four complete sets of building plans
- Carroll County Fire Rescue Plan Review
- Three Phase Electrical Form *(if applicable)*
- Subcontractor's Affidavit(s) with notarized signatures
- Erosion Control Affidavit

The plan reviewer will advise you of any additional code requirements when you submit your application. **THE PERMIT PROCESS FOR A COMMERCIAL BUILDING CAN LAST BETWEEN THREE AND FOUR MONTHS.**

B. Submit the completed Septic Tank application to the **Environmental Health Department** located in Room 508. Fees for the septic tank inspection are due and payable at the time the application is submitted.

Please note there is a 25 ft setback from cemeteries for any land disturbance activities, per Chapter 27.4 of the Code of Ordinances.

After all forms have been reviewed by Community Development and the *Septic Tank application* approval has been received from Environmental Health, you **will be telephoned** and notified that the review process has been completed, and all of your permits have been issued. All permitting fees will be payable when you pick up your permit(s). A ***Certificate of Occupancy (CO)*** will be issued after the ***final inspection*** has been completed. Please refrain from moving a business into your commercial building until this time.

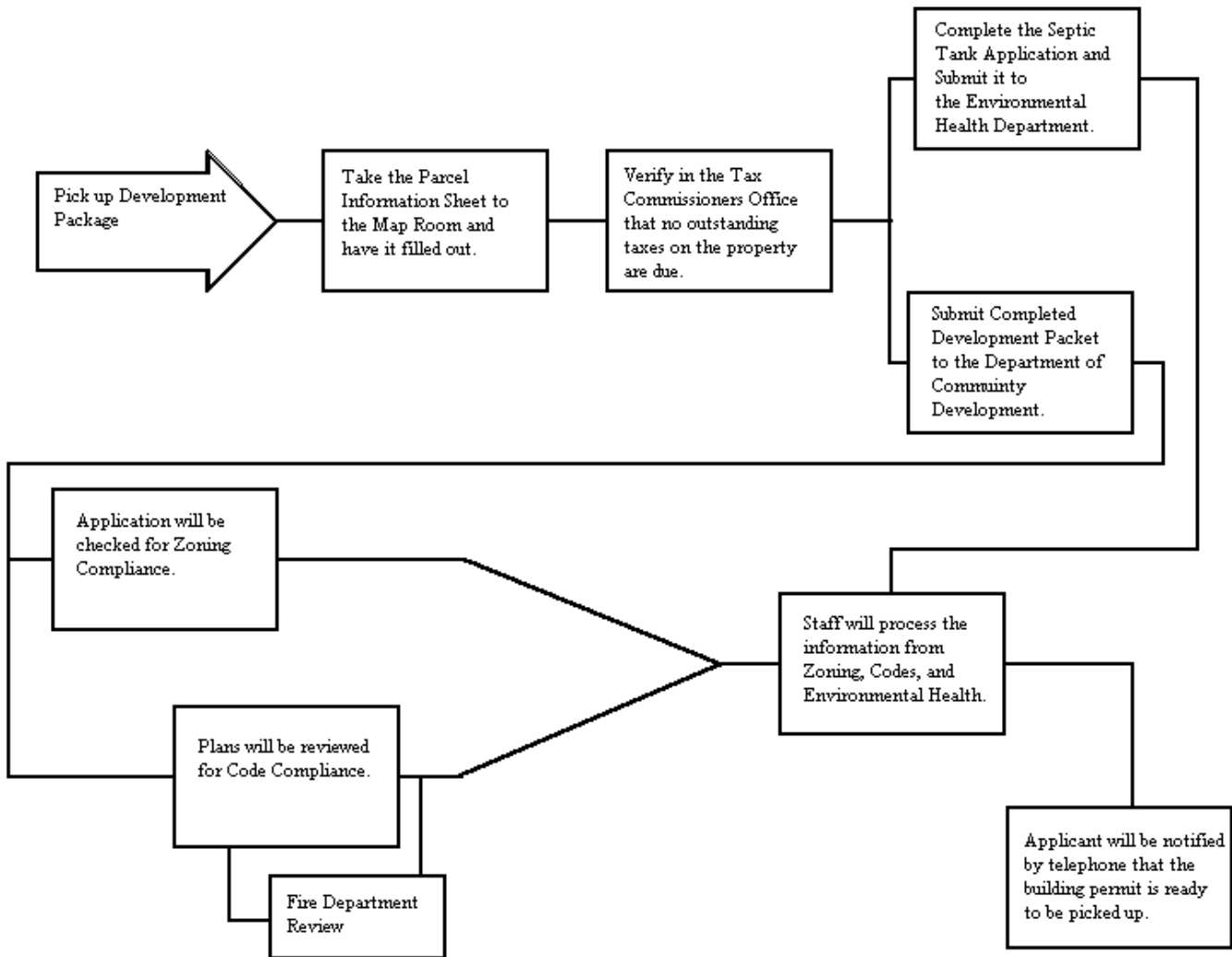


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DEVELOPMENT REVIEW PROCESS





STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A BUILDING PERMIT

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **BUILDING PERMIT** under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Sworn to and subscribed
before me this ____ day
of _____, _____.

Address: _____

Notary Public

My Commission Expires:

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Entity: _____
Address: _____



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Carroll County Fire Rescue Plan Review

Name of Business: _____

Address of Business: _____

Owner Name
and Phone #: _____

Builder Name
and Phone # _____

What type of
Business or Activities
will be taking place: _____

If a Church,
Number of seats: _____

If a Church, will
there be any type
of school or Pre-K
activities: _____

If serving Alcohol
Number of seats: _____



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PARCEL INFORMATION SHEET APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
<i>REQUIRED SETBACKS</i>		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST <input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification			
Signature of County Planner or Designee: _____ Date: _____ Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____	
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____	
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	



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SKETCH OF PROPERTY

Please check: COMMERCIAL OTHER: _____

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage road(s).
- Show location of any wells, trash pits, and all easements (drainage or utility) located on the property.
- Show distance to nearest stream or lake on property. If not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: _____

Describe the type of structure that you plan to build: _____

Is this a multiple road frontage lot? _____

Sketch of Property



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PLAN REVIEW SHEET

(Applicant: Please fill out top portion)

Please check: Commercial Other: _____

Please circle:	Georgia Power	Carroll EMC	Greystone Power
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Owner: _____ Phone #: _____
 Builder: _____ Phone #: _____
 Architect: _____ Phone #: _____
 Subdivision: _____ Lot #: _____
 Address: _____
 City: _____ State: _____, Zip: _____

Commercial: Cost of Construction: \$ _____
 Total Sq. Ft: _____ Electrical Amps: _____
 HVAC Tonnage/BTU: _____ Plumbing Fixtures: _____

Residential: Electrical Service Amperage: _____ Plumbing Fixtures: _____
 Swimming Pool Construction Cost \$ _____ Swimming Pool Size: _____

APPLICANT

ADMINISTRATIVE USE ONLY

Heated Space: _____	Valuation \$: _____
Basement Area: _____	Valuation \$: _____
Garage Area: _____	Valuation \$: _____
Porch Area: _____	Valuation \$: _____
Other Areas: _____	Valuation \$: _____
Total Square Feet: _____	Valuation \$: _____

Manufactured Home: Manufactured Year: _____ Size (WxL) _____
 Decal # _____ Please Circle: Foundation Piers or ABS Pads

ADMINISTRATIVE USE ONLY

Building Permit Fee: \$ _____	Electrical Permit Fee \$ _____
Plan Review Fee: \$ _____	HVAC Permit Fee \$ _____
Zoning Compliance Fee: \$ _____	Plumbing Permit Fee \$ _____
Subtotal \$ _____	TOTAL \$ _____

ADMINISTRATIVE USE ONLY

Approved	Preliminary
Approved as noted	Final
Not Approved	Resubmit with changes



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SUBCONTRACTOR AFFIDAVIT FOR A BUILDING PERMIT

NOTICE: This form must be completed, signed (with original signatures in **RED or BLUE** ink) and submitted before any permits will be issued.

Project Address: _____

Owner Name: _____ Phone: (____) _____

Contractor Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

Plumbing Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

Electrician Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

HVAC Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGES IN SUBCONTRACTORS ARE MADE DURING CONSTRUCTION.

SAID BUILDING WILL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE MOST RECENT EDITION OF THE CONSTRUCTION CODES, AS ADOPTED AND AMENDED.



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EROSION CONTROL AFFIDAVIT

Construction Site Name: _____
Construction Site Address: _____
Property Owner: _____ Phone: (____) _____
Owner Address: _____
City: _____ State: _____ Zip: _____
Authorized Representative/Applicant: _____ Phone: (____) _____
24-Hour Contact Person: _____ Phone: (____) _____
E-Mail: _____
Georgia Soil and Water Conservation Commission certification #: _____

My signature hereto signifies that I am the person responsible for compliance with the Soil Erosion and Sedimentation Control Ordinance. I hereby acknowledge that Best Management Practices (BMP's), per *Manual for Erosion and Sediment Control in Georgia*, must be used to control soil erosion on my job site which includes (but, not limited to) at a minimum the following:

1. **Property installation and regular maintenance** of silt barriers (i.e. silt fences, hay bales, etc.) in those areas where water exists on the job site;
2. **Proper installation and regular maintenance** of a gravel construction entrance with geotextile underliner to keep soil and mud from being tracked from vehicles onto the roadways;
3. Removal of mud from the roadway or adjacent property immediately following any such occurrence;
4. Maintenance and removal of sediment from detention ponds, sediment basins, sediment traps, etc.
5. **Conduct no land disturbing activities within 25 feet** of the banks of streams, lakes, wetland, etc. (i.e. "state waters") or within 50 feet of any trout stream. For projects within the water supply watershed, check with the engineer for stream buffers and setbacks;
6. Cut-fill operations must be kept to a minimum;
7. Land disturbing activities must be limited to and contained within the site of the approved plans;
8. Disturbed soil shall be stabilized as quickly as practicable (**within 14 days**);
9. Temporary vegetation or mulching shall be employed to protect exposed critical areas during development (Blankets or Matting are required on all slopes of 3 feet horizontal to 1 foot vertical (3:1) or steeper);
10. Cuts and fills may not endanger adjoining property;
11. Fills may not encroach upon natural watercourses or constructed channels in a manner so as to adversely affect other property owners;
12. Mud or silt (sediment) may not enter a stream, river, lake or other state waters.

NOTE:

1. Best Management Practices (BMP's): A collection of structural measures and vegetative practices which, when properly designed, installed, and maintained, will provide effective erosion and sedimentation control for all rainfall events up to and including a 25 year, 24-hour rainfall event.

2. State Waters: Any and all rivers, streams, creeks, branches, lakes, reservoirs, ponds, drainage systems, springs, wells, and other bodies of surface or subsurface water, natural or artificial, lying within or forming a part of the boundaries of the State which are not entirely confined and retained completely upon the property of a single individual, partnership, or corporation.

Any person violating any provisions of the Erosion and Sedimentation Ordinance, permitting conditions, or stop work order shall be liable for monetary penalty not to exceed **\$2,500 with a minimum of \$1,000 per day for each violation**, by a sentence of imprisonment not exceeding 60 days in jail or both fine and jail or work alternative. **Each day the violation or failure or refusal to comply shall constitute a separate violation.** Property owners, developers, and contractors should be advised that while the Erosion and Sedimentation Act and local Ordinance provides for fines of up to \$2,500 per day per violation, the GA Water Quality Control Act provides for fines up to \$50,000 per day per violation.

Please note that the ORIGINAL LAND DISTURBING ACTIVITY PERMIT holder is responsible for all land disturbing activity on the property – even if the lots are sold. Some liability may be alleviated if the original LDA Permit holder writes into his agreement of sale specific wording which ties all future development to the approved LDA Plan and Permit, including references to State Law and Carroll County Ordinances.

NOTE:

1. All persons involved in land disturbing activities have been trained and state certified per O.C.G.A. 12-7-19.
2. The finished floor elevation of the lowest habitable floor shall be at least (2) feet above (vertical elevation), or forty (40) feet from the (horizontal measurement) the 100-year floodplain or headwaters of any drainage easement or waterway (and not located in the dam-break area).
3. Driveway drain pipes shall be a minimum of 18 inches in diameter, and shall be bituminous coated metal pipe, reinforced concrete pipe, or material approved, in advance, by the Carroll County Road Department – PHONE: (770) 830-5901 (Driveways on State Highways call: Georgia DOT—(770) 646-5522).
4. No burial of wood waste, trees, stumps, or construction debris is allowed except in compliance with the procedure and rules of the Georgia Department of Natural Resources Environmental Protection Division, and inspections by the Development Department will be stopped at the request of the State if violations are found by them.
5. **511-3-1.03 General Requirements for On-Site Sewage Management Systems. Environmental Health (770) 836-6781.**

No person may begin the physical development of a lot or structure where an on-site sewage management system will be utilized, nor install an on-site sewage management system or component thereof, without having first obtained from the County Health Department a construction permit for the installation of an on-site sewage management system.

I hereby further acknowledge that Carroll County Department of Community Development inspection staff may refuse to make development inspections, may issue stop work orders, and may issue summons to Magistrate Court for failure to comply with erosion control requirements.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of Carroll County for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Signature: _____ Date Signed: _____



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BUILDING AND FIRE PLAN REVIEW

Date: _____

Business/Building Name: _____

Address: _____

Business Phone: (____) _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Applicant Name: _____

Applicant Phone: (____) _____

Type of Business/Activity: _____

Alcohol Served: _____

Number of Seats: _____ Fixed Moveable

Number of Stories: _____ Above Grade: _____ Below Grade: _____

The following require approval from the State of Georgia Fire Safety Commissioners Office prior to Carroll County Approval. Please submit documentation with application.

- Buildings or structures 4 or more stories in height
- Buildings 3 or more stories in height used by 3 or more families as residences
- Buildings with more than 15 sleeping accommodations for hire
- Personal Care Homes with more than 7 beds for non-family adults and subject to D.C.H. Licensure
- Schools of grade 1-12 having more than 15 students in attendance at any given time
- All State funded kindergarten programs
- Academic, Administrative, and public assembly buildings of Colleges, Universities, and Vocational/Technical schools
- Health care centers, orphanages, convalescent, and old age homes
- Racetracks, stadiums, and grandstands
- Places of Assembly (occupant load of more than 300 or more than 100 serving alcohol)
- Places of worship with an occupant load of 500 or more in a common area or 1000 or more total occupant load
- Department stores and/or retail mercantile establishments having gross floor area of 25,000 square feet or having 3 or more floors open to the public
- Group day-care and/or day care facilities licensed by D.H.R. as follows:
 - Group day care having 7 to 12 children
 - Day care having more than 12 children
- Hospitals, jails, penal institutions, reformatories, mental health institutions, and nursing homes

COMMUNITY DEVELOPMENT USE ONLY

Date: _____ Application/ Permit Number: _____

CDP Project: YES NO CDP Staff Approval: _____

State Fire Review Attached: YES NO If no, date received: _____

Local Fire Official Consultation Required: YES NO Local Fire Official approval: _____