

Manufactured Home and Moved Conventional Home Compatibility Review Application

Carroll County
423 College Street

Department of Community Development
Carrollton, GA 30117 (770) 830-5861



Applicant Information

Name _____
Current Street Address _____
City, State Zip Code _____,
Daytime Phone () _____ Email Address _____

Current Property Owner
(If different from applicant) _____
Current Street Address _____
City, State Zip Code _____,

Please check the appropriate slot

Manufactured Home
Conventional Home (moved)

Property Location

Proposed Home Site Location

Street Address _____
City, State Zip Code _____,

Land Lot _____, of the _____ District, Carroll County ♦ Tax Map _____, Parcel _____

Home Information

Current Home Location

Street Address _____
City, State Zip Code _____,

Heated Floor area square footage _____
Garages, porches, decks square footage _____
Total square footage _____

Year Model, or year originally constructed _____

(For manufactured homes, please attach a copy of your tax receipt. For conventional "moved-in" homes, please present proof of the year of construction, i.e., Certificate of Occupancy)

Exterior finish (wood, brick, vinyl etc.) _____

Additional Information

Please attach the following:

Four recent photographs (taken within the past 30 days) of each side of the manufactured home or moved home.

Recent photographs (taken within the past 30 days) of each adjoining neighbor's dwelling units.

Four recent photographs (taken within the past 30 days) taken from the proposed home site in the northerly, southerly, easterly and westerly directions.

Zoning Information
Staff Use Only

(This section is to be completed by the Zoning Administrator, or their designee)

Current Zoning of Proposed Home Site _____

Total Acres _____

Current Land Use/Dwelling type _____

Adjoining parcel Information

Current Zoning of Adjoining Parcels

Current Land Use/Dwelling Type

STATE OF GEORGIA
COUNTY OF CARROLL



AFFIDAVIT FOR A _____

_____, 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 _____ 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)

Address: _____

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

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

Notary Public

Entity:
Address: _____

My Commission Expires:

PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be completed by Map Room Personnel in Room #414

MAP ROOM OFFICAL: _____

MAP: _____ **LAND LOT:** _____

PARCEL: _____ **DISTRICT:** _____

CURRENT PROPERTY OWNER: _____

PROPERTY OWNER AS OF JANUARY 1ST: _____

APPLICANT (IF DIFFERENT FROM OWNER): _____

PROJECT ADDRESS: _____

CITY: _____

SUBDIVISION: _____ **LOT #:** _____

ACREAGE: _____ **PARCEL SPLIT FROM:** _____

CURRENT ZONING CLASSIFICATION		
REQUIRED SETBACKS	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 Zoning Administrator 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 Zoning Administrator or Designee: _____ Date: _____ Comments: _____

Sketch of Property

<i>Please check:</i>	CONVENTIONAL	MANUFACTURED HOME	COMMERCIAL
	ACCESSORY BUILDING OR ADDITIONS	OTHER: _____	

- ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional 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, or 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: _____