

Commercial Application Packet

Carroll County
423 College Street

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



Date Received: _____

Received by: _____

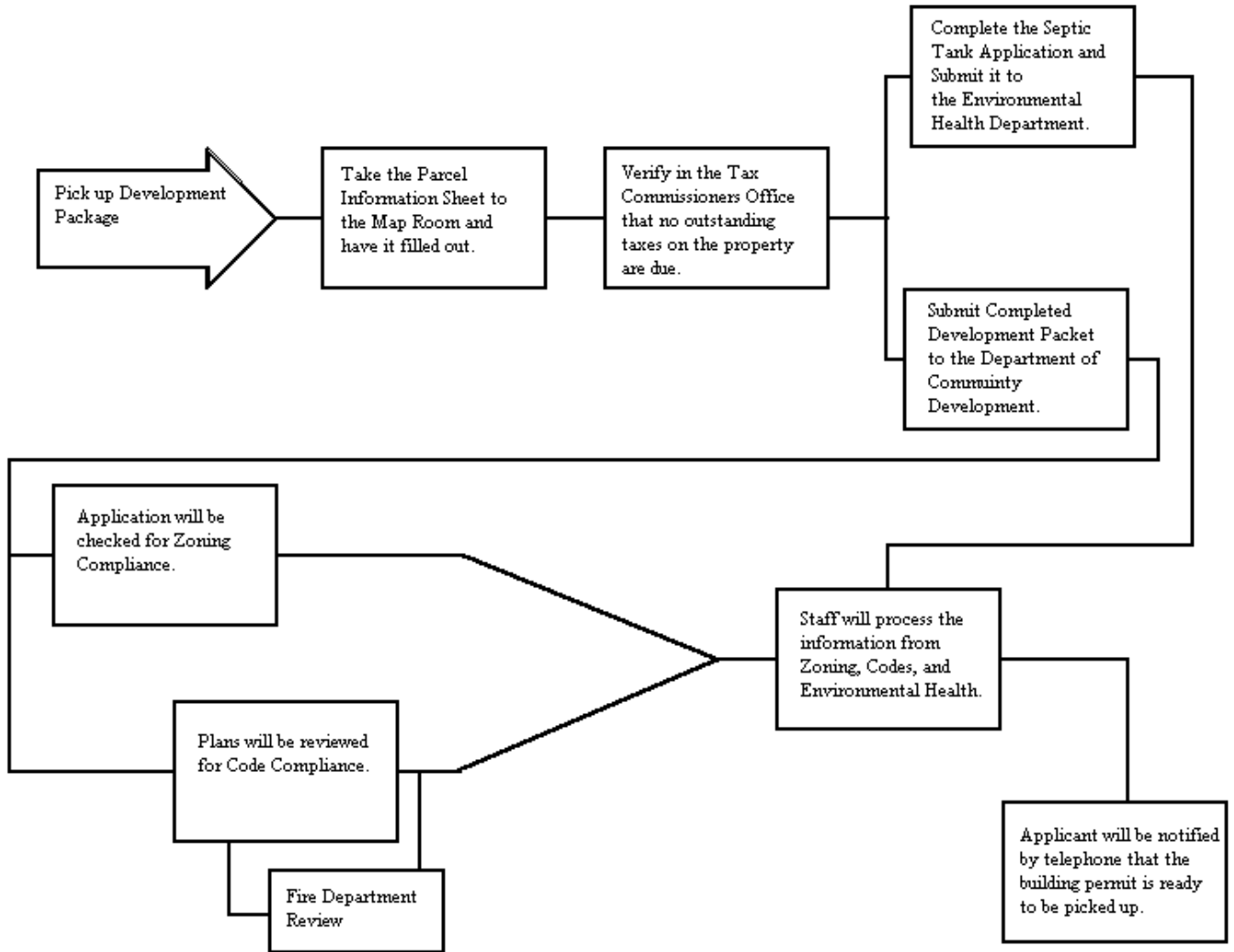
To Apply for a Commercial Building Permit

- STEP 1:** Pick up the Development Package from the **Department of Community Development** (Administration Building, 423 College St., Carrollton, Ga.) or print out a copy online at www.carrollcountyga.com/home/dcd.htm
- STEP 2:**
- A. Take the **Parcel Information Sheet** to the Map Room (# 414 in the Administration Building) 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 Application Packet**.
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
- C. On the back of the **Parcel Information Sheet** you will see 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.
- D. Complete the **Plan Review Sheet** and the **Erosion Control Affidavit** for Commercial Construction. Applicants must comply with the corridor design standards located in the Carroll County Zoning Ordinance.
- E. Complete the **Carroll County Environmental Health Septic Tank application**. This is not included in the online materials.
- F. Have your contractors fill out and sign the **Contractor's Affidavit(s)** with an original signature. *(Sub Contractors must have on file with the Department of Community Development the following documents: Contractors State License and Occupational Tax Certificate).*
- STEP 3:**
- A. Return the completed **Commercial Home Development Package** to the Department of Community Development. (Administration Building, Room 503).
The completed application will contain:
- Parcel Information Sheet (County) or Municipal Zoning Compliance (City)
 - Plan Review Sheet with four complete set of building plans
 - Carroll County Fire Rescue Plan Review
 - Three Phase Electrical Form *(if applicable)*
 - Sub-contractor's Affidavit(s) with original 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.

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.

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

Development Review Process



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: _____



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: _____

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: _____

PLAN REVIEW SHEET

Applicant (Please fill out the top portion of the Plan Review Sheet)

Please check: CONVENTIONAL MANUFACTURED HOME COMMERCIAL
 ACCESSORY BUILDING OR ADDITIONS OTHER: _____

Date Received: _____ Name OR # of Plans: _____
Owner: _____ Phone #: _____
Builder: _____ Contact Phone #: _____
Architect: _____ Phone #: _____
Subdivision _____ Lot #: _____
Address: _____

City: _____ State: _____ Zip: _____

Power Company Provider Carroll EMC Georgia Power Greystone

If Manufactured Home, Copy of Printed Instructions _____
Manufactured Year _____ Size (WxL): _____ Decal # _____

If Manufactured Home, Alternative Foundation System _____

If Commercial, Cost of Construction: \$ _____

Administrative Use Only

- | | |
|--|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Final |
| <input type="checkbox"/> Not Approved | <input type="checkbox"/> Re Submit with changes |

Plans reviewed for Code Compliance by: _____ Date Completed: _____

Heated Space: _____ Sq. Ft. Valuation: \$ _____

Basement Area: _____ Sq. Ft. Valuation: \$ _____

Garage Area: _____ Sq. Ft. Valuation: \$ _____

Porch Area: _____ Sq. Ft. Valuation: \$ _____

Other Areas: _____ Sq. Ft. Valuation: \$ _____

Total Square Footage: _____ Valuation: \$ _____

Building Permit Fee: \$ _____

Plan Review Fee: \$ _____

Zoning Compliance Fee: \$ _____

Sub Total: \$ _____

Electrical Permit Fee: \$ _____

Plumbing Permit Fee: \$ _____

Heating & Air Permit Fee: \$ _____

Total: \$ _____

**SUB-CONTRACTOR AFFIDAVIT
FOR BUILDING PERMIT**

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED (with original signatures in ink) AND SUBMITTED BEFORE ANY PERMITS WILL BE ISSUED.

PROJECT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

OWNER'S NAME: _____ PHONE: _____

CONTRACTORS NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ O.T LIC.# _____

ELECTRICAL/COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

MASTER'S NAME: _____ STATE CARD # _____

SIGNATURE: _____ O.T. LIC.# _____

PLUMBING/COMPANY: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

MASTER'S NAME: _____ STATE CARD# _____

SIGNATURE: _____ O.T. LIC.# _____

HVAC/COMPANY NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

MASTER'S NAME: _____ STATE CARD# _____

SIGNATURE: _____ O.T. LIC.# _____

NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGE IN SUBCONTRACTOR'S ARE MADE DURING CONSTRUCTION.

SAID BUILDING WILL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE 2000 STANDARD BUILDING CODE, 2000 STANDARD PLUMBING CODE, 2000 STANDARD MECHANICAL CODE, 2000 STANDARD GAS, 1999 NATIONAL ELECTRICAL CODE, 2000 CABO 1 & 2 FAMILY DWELLING CODE, INCLUDING GEORGIA CODE ADDITIONS OR SUPPLIMENTS ADDED TO THE ABOVE CODES.

Erosion Control Affidavit

Carroll County
423 College Street

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



This affidavit must be submitted at time of Land Disturbance or Building Permit

Construction Site Name: _____

Construction Site Address: _____

Property Owner: _____ Phone: _____

Address (Owner): _____

Authorized Representative/Applicant: _____ Phone: _____

24 Hour Contact Person: _____ Phone: _____

Email: _____

Georgia Soil and Water Conservation Commission certification number: _____

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 the *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. **Proper installation and regular maintenance** of silt barriers (i.e. silt fences, hay bales, etc.) in those areas where water exits the job site;
2. **Proper installation and regular maintenance** of a gravel construction entrance with geotextile under-liner 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 too 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 of 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 agreements 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 a dam-break area).
- 3) Driveway under 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.

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: _____

**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:** _____