RESIDENTIAL

DETACHED GARAGES

CARPORTS

STORAGE BUILDINGS

PERMIT PACKET
Please complete the entire application package, including:

- **Permit Details Form**
  
  **State Licensing Board Authorized Permit Agent Form** – Required if using a licensed contractor (must be original with copies of current business license and state contractor’s license attached) Please do not include copies of driver’s license.

- **Affidavits**
  
  Contractor Affidavits – Required. (Must be signed, notarized and submitted with building permit application with copies of current business license, state contractor license). Please do not include copies of driver’s license.
  
  - Electrical Sub-Contractor Affidavit
  - Mechanical Sub-Contractor Affidavit
  - Plumbing Sub-Contractor Affidavit

  OR

  Self Work Affidavit (if applicable – will be signed at building permit submittal)

- **Temporary Toilet** – Required if no toilet facility available. Obtain at the Forsyth County Environmental Health Department (770-781-6909) prior to applying for building permit.

- **Septic Tank Permit** - Required if on septic. Obtain at Forsyth County Environmental Health Department (770)-781-6909 prior to applying for building permit.

- **Site Plan** – Scale drawing 1 copy of 11’ x 17’

- **Plat** – copy of approved recorded plat

- **Individual lot permit** – if applicable

- **Fees** – See Forsyth County Website for fee schedule under Planning and Community Development Department. Accepted forms of payment Visa/ MasterCard, check, or cash.
A house location plan is required for any proposed residential building or structures, any proposed addition to an existing residential building or structure, any proposed residential accessory building or structure, including swimming pools and retaining walls. The following information is required to be on site plan.

a. Property lines with dimensions
b. Location and names of all abutting streets and rights of way
c. Minimum required front, side and rear building setback lines with dimensions
d. The approximate outline of all proposed and existing buildings and structures including projections such as fireplaces, bay windows, porches, patio’s deck’s, stairs.
e. The approximated outline of all driveways, walkways, swimming pools, retaining walls, and other improvements proposed or existing.
f. Outline of roof overhangs will need to be shown dimensions of overhangs must be listed. (Overhangs cannot encroach into easements, nor buffers).
g. Dimensions of building and distances between all structures and the nearest property lines. Dimensions of all projections including bay windows, fireplaces, porches, decks, and eaves.
h. Location and dimension of all floodplain limits, buffer requirements, and all drainage or any other easements.
i. Subdivision name, lot number, street address and zoning.
j. Required zoning conditions for separation between buildings on adjacent lots specifying where measurement is taken from wall to wall, foundation to foundation, eave to eave, roof overhang to roof overhang, etc.
k. Any and all other zoning requirements of the zoning approval, square footage requirements, garage single double etc.
l. Finished Area of home, unfinished area such as basements, porches, decks, patios, etc.
m. Height of structure see UDC (Unified Development Code Chapter 3 Building Height Definitions)

**Height of Structure:**
(Unified Development Code: Chapter 11 Table 11.2a and Table 11.2b).

**Agricultural Zoning:**
(Unified Development Code Chapter 15 Table 15.2)

Vinyl Exterior material of any kind prohibited in all major subdivisions
(Unified Development Code Chapter 11-9.3)

**The issuance of a building permit does not assure that the building setbacks have been met or that the structure does not encroach on any easement, or buffer. The owner and/or permit holder have the sole responsibility of determining compliance with setbacks and Non-Encroachment of easements and buffers.**
PERMIT DETAILS FORM

PROPERTY ADDRESS INFORMATION

Site Address: ___________________________________________________________ City/State/Zip: ________________________________

Directions to job site:
(Copy of map quest directions accepted leaving from 110 East Main St to destination)

Subdivision Name and Lot # (if applicable):

CONTRACTOR INFORMATION (if applicable)

Forsyth County Business License / Registration # __________________________ GA State License # __________________________

Business Name: ___________________________________________________________

Email: __________________________________________________________________ Phone#: __________________________

OWNER INFORMATION

Last Name: __________________________________ First Name: __________________________

Address: __________________________________ City/State/Zip: _______________________

Email: __________________________________________________________________ Phone: __________________________

PROJECT INFORMATION

Description of work:

Finished Area being added? ____ Garage Area: ______ Storage Area: ______ Other Area: ______

Is there any electrical being added? _____ Yes _____ No (affidavit required at time of permit)

Height: ______ feet Stories: ___ 1 ___ 2 ___ 3 ___ Fireplace _______

(Unified Development Code: Chapter 3 Building Height Definition)

Total # of Rooms being added: _______ How will the rooms be used? __________________

Sewer System: Septic _____ Sewer _____ Private _____ Square Footage of existing Accessory Structures? _______

Total disturbed acreage associated with this permit and the disturbed acreage for any adjacent permits that will be disturbed at the same time:

Total Acreage __________________________ Disturbed Acreage: __________________________

AUTHORIZED SIGNATURES

The undersigned states that the above information is true and correct, understands that the permit issued is only for the construction as stated and that occupancy is not permissible until all inspections and code requirements are met and a Certificate of Occupancy has been issued by Forsyth County.

Applicant’s Name (if applicable): __________________________________________

Applicant’s Signature (if applicable): __________________________________________ Date

Property Owner’s Name: ___________________________________________________

Property Owner’s Signature: __________________________________________________ Date

FORSYTH COUNTY - RESIDENTIAL DETACHED GARAGE, CARPORT, STORAGE BUILDING PERMIT APPLICATION
Inspection processes will vary with each type of structure. If unsure about required inspections, or how to schedule required inspections, please contact our office at (770-781-2115).

**All site plans and permit cards are to remain onsite until a Certificate of Occupancy/Completion has been obtained**

**NO STRUCTURES OF ANY TYPE SHALL BE INSTALLED OR CONSTRUCTED WITHIN ANY EASEMENT**

**ACCESSORY STRUCTURE REQUIREMENTS**

I have reviewed Section 16-4.1 of the Forsyth County Unified Development Code and understand the supplementary regulations for accessory structures in residential zoning districts. I also understand that the building inspections process will not verify compliance with the specific requirements for height or exterior finish on accessory structures in residential zoning districts. I will be responsible or correcting any deficiencies that are later identified by the Code Enforcement Department or any other authorized County Department.

**Height:** The height shall not exceed the height of the principal building.

**Exterior Finish:** Structures greater than 550 sq. ft. shall have exterior finishes substantially similar to those on the principal dwelling.

I __________________________, hereby certify that the above information is true and correct.

_______________________________________
Property Owner Signature

_______________________________________
Notary Public Signature and Stamp

Date
State Licensing Board for Residential and General Contractors
Authorized Permit Agent Form

Licensed Contractor: _____ Individual       _____Qualifying Agent

Name of Licensed Person: ____________________________________________________
Please attach a copy of Individual License or Company License

License Number of Individual or Qualifying Agent: ____________________________
Please attach copy of Qualifying Agent License

Name of Licensed Company (if applicable): _____________________________________

License Number of Company (if applicable): ________________________________

I, ________________________________ hereby designate
(Licensed Individual or Qualifying Agent)
___________________________________________________________________
to apply for and obtain permits.

AUTHORIZED SIGNATURE

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm
and swear, under oath, that all information on this form and on accompanying documents are true
and correct.

Signature of Individual or Qualifying Agent ________________________________

State of _______________________________ County of __________________________

Subscribed and sworn to me before me this ________ day of __________, 20________

__________________________________________  Seal

Notary Public Signature
## ELECTRICAL SUB-CONTRACTOR AFFIDAVIT

<table>
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<tr>
<th>Site Address:</th>
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This is to certify that I am responsible for the Electrical installation and compliance with all applicable codes. I understand that Forsyth County requires Temporary Power Connection to Service Utilities before final inspection. I relieve Forsyth County and its Inspectors from any liability for damages or loss of property or improper installation.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Forsyth County License or Registration #</th>
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<tr>
<th>Licensed Electrical Contractor Signature</th>
<th>State License #</th>
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<th>Notary Public Signature and Stamp</th>
<th>Date</th>
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</table>
Site Address: ____________________________________________

This is to certify that I am responsible for the **Mechanical** installation and compliance with all applicable codes. I relieve Forsyth County and its Inspectors from any liability for damages loss of property or improper installation.

____________________________________
Company Name

____________________________________
Licensed Mechanical Contractor Signature

____________________________________
Forsyth County License or Registration #

____________________________________
State License #

____________________________________
Notary Public Signature and Stamp

____________________________________
Date
PLUMBING SUB-CONTRACTOR AFFIDAVIT

Site Address: ________________________________

This is to certify that I am responsible for the **Plumbing** installation and compliance with all applicable codes. I assume all responsibility and liability for the installation of the building sewer and water lines. I understand that it is my responsibility to ensure that the sewer and water lines are installed in compliance with the Georgia Minimum Plumbing Code and any local ordinances. Ordinances may be obtained from Forsyth County/City of Cumming.

I also understand that Forsyth County/City of Cumming requires a cleanout at sewer tap. I relieve Forsyth County/City of Cumming and its Inspectors from any liability for damages loss of property or improper installation.

Company Name ______________________________ Forsyth County License or Registration # ______________________________

Licensed Plumber Signature ______________________________ State License # ______________________________

Utility Contractor Signature (if applicable) ______________________________

Notary Public Signature and Stamp ______________________________ Date ______________________________

When installing an irrigation system if connecting to an existing water supply line backflow protection and rain sensor will be verified at time of Final Plumbing inspection.