RESIDENTIAL RENOVATION PERMIT PACKET
CHECKLIST

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 obtain 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.

□ Fees – See Forsyth County Website for fee schedule under Planning and Community Development Department. Accepted forms of payment Visa/ MasterCard, check, or cash.

GENERAL INFORMATION

Inspection processes will vary with each type of renovation. If unsure about required inspections, or how to schedule required inspections, please contact our office at (770-781-2115).

 Permit cards are to remain onsite until a Certificate of Occupancy/Completion has been obtained
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: __________________________________________ Phone#: __________________________

Email: __________________________________________________________

OWNER INFORMATION

Last Name: __________________________________________ First Name: __________________________________

Address: __________________________________________ City/State/Zip: __________________________________

Email: __________________________________________ Phone: __________________________

PROJECT INFORMATION

Description of work: ________________________________________________

Are you changing use of any existing rooms? _____Yes _____No If so, list room(s) __________

Finished Space of Area being renovated, in square feet: ______

Is basement area being added at this time? Yes ____ No ____ Finished sq ft ______ Unfinished sq ft ________

Garage square footage: _______ Storage square footage: _______ Other ______

Sewer System: Septic _______ Sewer _______ Private ______

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 __________
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, ______________________________________________________
(Licensed Individual or Qualifying Agent)

____________________________________________________________________________

hereby designate
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_____

Notary Public Signature ____________________________________________

Seal
Site Address: __________________________________________________________

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.

Company Name

Forsyth County License or Registration #

Licensed Electrical Contractor Signature

State License #

Notary Public Signature and Stamp

Date
MECHANICAL SUB-CONTRACTOR AFFIDAVIT

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 __________________________ Forsyth County License or Registration #

Licensed Mechanical Contractor Signature __________________________ 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 insure 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.