



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
COMMERCIAL BUILDING PERMIT
 New Buildings and Structural

SUBMIT:

On or before **Friday**:

- Digital copy along with 5 sets of STRUCTURAL / ARCHITECTURAL PLANS
 Plans (including MEP's) may require seal by an architect or engineer.
- Digital copy of the SITE / PARKING PLAN for exterior improvements
- Review fee
- Permit application

STRUCTURAL AND ARCHITECTURAL PLANS:

Must include the following: *(Check when complete)*

- Compliance with International Building Code, 2012 Edition with current GA amendments, 2017 NEC
- Manufacturer Specifications on building(s) and equipment
- Owner name, address, phone number, email address
- Name and phone number of 24-hour contact for project
- Tax Parcel ID#
- Physical address of property
- Gross floor area
- Location map of property
- Use of building type of occupancy
- Zoning of property and conditions, if applicable

The department reserves the right to request additional information.

The plans will be distributed to the appropriate parties, including (but not limited to):

- Building Official
- Rockdale County Fire Department
- Rockdale Water Resources
- Environmental Health Department
- Zoning

Comments will be ready for pick-up two (2) weeks later on Friday.

The permit will be issued when:

- Architectural / Structural plans approved by **all** reviewing departments
- Site inspector releases site (applicable if LDP was required)
- Proof of water meter
- Proof of sewer / septic
- Fees paid

Department of Planning and Development contact information:

In person: 968 Milstead Avenue, Conyers GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers GA 3001	Phone: 770 278-7100
Email: permit@rockdalecounty.org	Fax: 770 278-8940



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
COMMERCIAL BUILDING PERMIT APPLICATION
New Buildings and Structural

Date:

PROPERTY INFORMATION:

Address of project:	
Name of business (existing or proposed):	
Name of property owner:	
Current address:	City, State & Zip:
Phone:	Email:

CONTRACTOR INFORMATION:

Name of company:	
Name of main contact:	
Address:	City, State & Zip:
Phone:	Email:

EROSION AND SEDIMENT CONTROL (must provide copy of card):

Name of card holder:	
Erosion and Sediment Control Certification number:	
Expiration date:	
Name of 24h contact person:	Phone:

PROPOSED STRUCTURE:

Description of proposed use:	
Check one:	
<input type="checkbox"/> New building	<input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair
Number of stories:	Number of suites:
Shell only square footage:	(to include all unheated areas)
Interior only:	(to include only heated areas)
Total square footage:	
Utility service:	
<input type="checkbox"/> Gas	<input type="checkbox"/> All electrical
Estimate cost of project: \$	

Signature of applicant: _____

Print name: _____



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
SUB-CONTRACTOR AFFIDAVIT
(State card required)

Copies of State cards and business licenses are required *before* the final inspection is performed.

Master permit number:	Date issued:
Address of project:	
Contractor or owner:	

ELECTRICAL CONTRACTOR: Restricted Non-restricted

Company or contractor:	
Address:	
Phone:	
State card No.:	County business license No.:
Card holder signature: _____	

MASTER PLUMBER: Restricted Non-restricted

Company or contractor:	
Address:	
Phone:	
State card No.:	County business license No.:
Card holder signature: _____	

CONDITIONED AIR: Restricted Non-restricted

Company or contractor:	
Address:	
Phone:	
State card No.:	County business license No.:
Card holder signature: _____	

LOW-VOLTAGE: Restricted Non-restricted

Company or contractor:	
Address:	
Phone:	
State card No.:	County business license No.:
Card holder signature: _____	

I do understand that I am responsible for each required licensed contractor to obtain a business license in Rockdale County. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master permit holder signature: _____ Date: _____



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
OCCUPATION TAX AFFIDAVIT
 (No State card required)
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This affidavit must be filled, signed and completed with a current copy of each occupational tax license, *prior* to the issuance of the certificate of occupation.

Master permit number:	Date issued:
Job site address:	
Contractor or owner:	

License Type	Contractor or Company	County and License Number
Demolition		
Grading		
Footing		
Foundation		
Waterproofing		
Pest Control		
Concrete Finisher		
Framing		
Siding/ Cornice		
Masonry/ Stucco		
Fireplace		
Roofing/ Sheathing		
Insulation		
Sheetrock - Hang		
Sheetrock - Finish		
Interior Trim		
Painting Interior		
Painting Exterior		
Wallpaper		
Tile		
Landscaping		
Gutters		
Fire Sprinkler		
Lawn Sprinkler		
Decks/ Porches		
Cabinetry		
Glass/ Mirrors		
Marble Fixtures		
Cleaning Services		
Septic Tank		
Well		
Door/ Window Installation		
Asphalt Paving Contractor		

I do understand that I am responsible for each required contractor to provide proof of having paid applicable occupation taxes. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master permit holder signature: _____ Date: _____

O.C.G.A. 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

**** Wait to be in front of the notary before signing ****

_____, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this _____ day of _____, 20 _____ .

Notary Public signature

Applicant signature

GA Registration No. and expiration date

Seal: