



ROCKDALE COUNTY PLANNING AND DEVELOPMENT SWIMMING POOL PERMIT

SUBMIT:

- Permit application
- Digital copy of the pool location plan (prepared, signed and sealed by a land surveyor, professional engineer, or landscape architect)
- Approval letter from Environmental Health, if property is on a septic tank (telephone: 770-278-7340)
- Copy of Georgia Contractor's License & Business License

SWIMMING POOL LOCATION PLAN:

- Boundary lines of the lot
- Subdivision name, zoning district, and tax parcel ID number
- Lot area (total square footage)
- Location and names of all abutting streets, other rights-of-way or easements
- Minimum required building setbacks or buffer lines with dimensions (see [Section 214-1](#) and [Section 326-6](#))
- Location of all buildings with FFE, driveways, parking areas, swimming pools, recreational courts, patios, accessory structures and other improvements existing or proposed, dimensions of buildings and distances between all structures and to the nearest property lines
- All easements, public water, sewer or stormwater drainage facilities traversing or located on the property, septic tank and septic tank drain field
- Impervious area (includes all structures, sidewalks, driveways, paved areas, swimming pools):
 - Existing impervious area (square footage)
 - Proposed impervious area (square footage) *Note: pools are considered impervious*
 - Total impervious area (existing + proposed)
- Limit of the 100-year floodplain, wetland areas, streams, historic structures and any applicable buffers or special building setback lines
- Existing and proposed grades with two-foot contour intervals, and erosion and sediment control measures as required
- Name, address and telephone number of the property owner
- Name, address and telephone number of the person who prepared the structure location plan

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 SWIMMING POOL PERMIT APPLICATION

Date:

PROPERTY INFORMATION:

Address of project:	
Name of business (existing or proposed):	
Name of property owner:	
Current address:	
Phone:	Email:

CONTRACTOR INFORMATION:

Name of company:	
Name of main contact:	
Address:	
Phone:	Email:

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

Name of card holder:	
Certification number:	Expiration date:
Name of 24h contact:	Phone:

PROPOSED STRUCTURE:

Description of proposed use:
Other structures on the property:
Total square footage:
Exterior finish (all that apply):
Utility service: <input type="checkbox"/> Gas <input type="checkbox"/> Electrical
Estimated cost of project: \$

Signature of applicant: _____



AFFIDAVIT VERIFYING CITIZENSHIP STATUS

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

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:

_____ 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.

Wait to be in front of notary to sign

Applicant signature

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

(type of document)

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 _____, _____, this _____ day of _____, 20_____
(city) (state) (day) (month) (year)

For notary use only

SEAL

Notary Public signature

GA Registration No. and expiration date