



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
TEMPORARY OFFICE TRAILER

Date:

PROPERTY INFORMATION:

Name of Project Location:	
Address of project:	Tax Parcel ID#:
Provide site plan showing location on the property and off road parking spaces provided	

PROPERTY OWNER INFORMATION:

Name of property owner:	
Current address:	
Phone:	Email:

CONTRACTOR INFORMATION:

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

TRAILER INFORMATION

Name of manufacturer & Year	
Floor plan showing ADA compliance	
When will the trailer be removed from the property?	
Does the unit have a bathroom?	
Will it be tied to septic?	Approval from Environmental Health required
Will it be tied to sewer?	Rockdale Water Resources approval required

Printed Name of Applicant: _____
Signature of applicant: _____

Rockdale County 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: inspections@rockdalecountyga.gov	Fax: 770 278-8940

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: