



ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
**RESIDENTIAL CONSTRUCTION PERMIT**  
Repair or Remodel

**\*\*NOTE: Contact the Stormwater Department to determine if a Land Disturbance Permit is required for your project**

**Application Submittal/Supporting Documents:**

See Document Requirements Matrix (attached)

**Required Documents:**

Permit application (see next page)

One (1) **DIGITAL** copy of the structure location plan (prepared, signed and sealed by a land surveyor, professional engineer, or landscape architect) approved by the Stormwater Department.

One (1) **DIGITAL** copy of the floor plan 11" X 17" minimum.

Approval letter from Environmental Health, if on septic tank (telephone: 770-278-7340)

Copy of Georgia Contractor's License & Business License

**Reviews:**

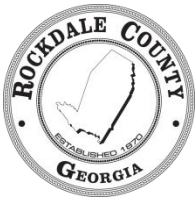
Zoning Approval

Planner Approval

- *This approval is granted with the provision that no Certificate of Occupancy or Certificate of Completeness shall be issued until conformance to this structure location plan has been field verified by the building official or has been verified by an as-built foundation survey prepared by a Registered Land Surveyor or Professional Engineer"*

**Department of Planning and Development contact information:**

In person: 958 Milstead Avenue, Conyers, GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: <a href="mailto:inspections@rockdalecountyga.gov">inspections@rockdalecountyga.gov</a>	Fax: 770 278-8940



ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
**RESIDENTIAL CONSTRUCTION PERMIT APPLICATION**  
 Repair or Remodel

Date: \_\_\_\_\_

**PROPERTY INFORMATION:**

Address of project:	
Lot number:	Subdivision name:
Tax Parcel # :	<b>Applicant:</b>

**PROPERTY OWNER INFORMATION:**

Name of property owner:			
Current address:	City:	State:	Zip:
Phone:	Email:		

**GENERAL CONTRACTOR INFORMATION:**

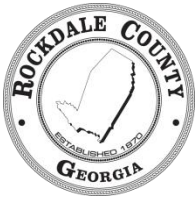
Name of company:			
Name of main contact:			
Address:	City:	State:	Zip:
Phone:	Email:		

**PROPOSED STRUCTURE:**

Description of proposed use:				
Other structures on property:				
Type of work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Accesory Structure <input type="checkbox"/> Basement Build-out				
Height of front elevation:		Exterior Finish: <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Stucco <input type="checkbox"/> Stone <input type="checkbox"/> Other		
# stories:	# bedrooms:	# bathrooms:	# toilets:	# sinks:
# tubs:	# separate showers:	# water heaters:	# dishwashers:	
# of cook stoves				
Utility service: <input type="checkbox"/> Gas <input type="checkbox"/> Electric		Power Co: <input type="checkbox"/> GA Power <input type="checkbox"/> Snapping Shoals EMC <input type="checkbox"/> Walton EMC		
Heated square footage (excluding basement and bonus room):				
Finished basement sq. ft.:		Unfinished basement sq. ft.:		Garage sq. ft.:
Finished bonus room square footage:			Unfinished bonus room square footage:	
Total heated square footage:			Total unheated square footage:	
Estimated cost of project: \$				

Print Name: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_



ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
**RESIDENTIAL DWELLING AFFIDAVIT**  
Compliance with the Georgia State Energy Code  
(2009 International Energy Conservation Code with current  
Georgia State Supplements and Amendments)

Permit number:	Date:		
Property address:			
Tax ID:			
Contracting company name:			
Address:	City:	State:	Zip:

The State of Georgia has adopted as State Law, the International Energy Conservation Code, 2009 Edition. This code regulates the design, erection, construction, alteration and renovation of buildings. The designer/ builder/ general contractor shall comply with the standards of this Code which are applicable.

This code contains requirements for energy conservation and in prior edition first became effective on April 1, 1996. Compliance with this code by designers, general contractors & builders is mandatory.

\_\_\_\_\_ personally appeared before me who, on oath, says that he/she is the designer /builder/contractor or their designated agent and certifies that the above permitted structure shall be built in accordance with the International Energy Code 2006 Edition.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Designer, builder, contractor or agent signature

\_\_\_\_\_  
GA Registration No. and expiration date

Seal:

**ROCKDALE COUNTY PLANNING AND DEVELOPMENT**  
**OCCUPATION TAX AFFIDAVIT**  
 (No State card required)

**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:
Property 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:



ROCKDALE COUNTY PLANNING AND DEVELOPMENT  
**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: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Contractor or owner: \_\_\_\_\_

**GENERAL CONTRACTOR:**  Restricted  Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**ELECTRICAL CONTRACTOR:**  Restricted  Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**MASTER PLUMBER:**  Restricted  Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**CONDITIONED AIR:**  Restricted  Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**LOW-VOLTAGE:**  Restricted  Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

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

Master permit holder signature: \_\_\_\_\_ Date: \_\_\_\_\_