

ROCKDALE COUNTY PLANNING AND DEVELOPMENT
RESIDENTIAL CONSTRUCTION PERMIT
New House, Accessory Structures & Swimming Pools

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), or

Proof of sewer connection from Rockdale Water Resources (telephone: 770-278-7400)

Copy of Georgia Contractor's License & Business License

Copy of water meter receipt

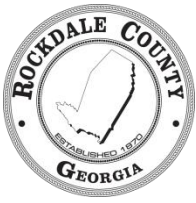
****NOTE: Contact the Stormwater Department to determine if a Land Disturbance Permit is required for your project**

Structure Location Plan:

- Property boundary lines of the lot and total square footage/acerage
- Subdivision name, zoning district, and tax parcel ID number – recorded Plat and Book Page numbers.
- Location and names of all abutting streets, other rights-of-way or easements
- Minimum required f 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, proposed and total impervious area (square footage)
- 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
- All other applicable requirements of the UDO or conditions of zoning
- Name, address and telephone number of the property owner
- Name, address and telephone number of the person who prepared the structure location plan
- Exterior building materials description (see [Section 214-7](#))
- Note on plan: "This structure Location Plan has been reviewed for general compliance with the Rockdale County Unified Development Ordinance and is approved for issuance of a building permit for the residential structure and other improvements shown hereon. (No framing inspection will be approved until a flood elevation certificate has been received by the department.) 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: inspections@rockdalecountyga.gov	Fax: 770 278-8940



ROCKDALE COUNTY PLANNING AND DEVELOPMENT
RESIDENTIAL CONSTRUCTION PERMIT APPLICATION
 New House, Additions, Accessory Structures and Swimming Pools

Date: _____

PROPERTY INFORMATION:

Address of project:	
Lot number:	Subdivision name:
Tax Parcel # :	Applicant:

PROPERTY OWNER INFORMATION:

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

GENERAL CONTRACTOR INFORMATION:

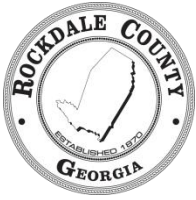
Name of company:			
Name of main contact:			
Address:	City:	State:	Zip:
Phone:	Email:		

PROPOSED STRUCTURE:

Description of proposed use:				
Other structures on property:				
Type of work: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Basement Build-out				
<input type="checkbox"/> In Ground Pool <input type="checkbox"/> Above Ground Pool Total Sq. Ft. of Pool _____				
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:	
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		
Swimming Pool		

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: _____