

Cell Tower Permit Submittal Requirement:

1. A completed Building Permit Application.
2. A professionally drawn stamped and signed site plan by a licensed professional in the State of Georgia detailing all existing conditions and proposed changes.
3. Professionally drawn stamped and signed structural analysis by a structural engineer licensed professional in the State of Georgia.
4. A copy of the contractor's business license issued in the State of Georgia.

Required Inspections:

1. Electrical inspection for power turn-on
2. All other inspections are third- party engineer's report



Carroll County Department of Community Development

997 Newnan Rd
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

PARCEL INFORMATION SHEET **APPLICATION FOR ZONING COMPLIANCE CERTIFICATE**

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
<i>REQUIRED SETBACKS</i>		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST <input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification			
Signature of County Planner or Designee: _____ Date: _____ Comments: _____			
CDP COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____		
PLAT APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____		
APPROVED FOR NEW ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____		



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SKETCH OF PROPERTY

- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage road(s).
- Show location of any wells, trash pits, and all easements (drainage or utility) located on the property.
- Show distance to nearest stream or lake on property. If not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: _____

Describe the type of structure that you plan to build: _____

Is this a multiple road frontage lot? _____



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PLAN REVIEW SHEET

(Applicant: Please fill out top portion)

Please check: ☐ Commercial ☐ Other: _____

Please circle: Georgia Power Carroll EMC Greystone Power

Owner: _____ Phone #: _____
Builder: _____ Phone #: _____
Architect: _____ Phone #: _____
Subdivision: _____ Lot #: _____
Address: _____
City: _____ State: _____, Zip: _____

Commercial: Cost of Construction: \$ _____

Total Sq. Ft: _____ Electrical Amps: _____

HVAC Tonnage/BTU: _____ Plumbing Fixtures: _____

Residential: Electrical Service Amperage: _____ Plumbing Fixtures: _____
Swimming Pool Construction Cost \$ _____ Swimming Pool Size: _____

APPLICANT

ADMINISTRATIVE USE ONLY

Heated Space: _____ Valuation \$: _____
Basement Area: _____ Valuation \$: _____
Garage Area: _____ Valuation \$: _____
Porch Area: _____ Valuation \$: _____
Other Areas: _____ Valuation \$: _____
Total Square Feet: _____ Valuation \$: _____

Manufactured Home: Manufactured Year: _____ Size (WxL) _____

Decal # _____ Please Circle: Foundation Piers or ABS Pads

ADMINISTRATIVE USE ONLY

Building Permit Fee: \$ _____ Electrical Permit Fee \$ _____
Plan Review Fee: \$ _____ HVAC Permit Fee \$ _____
Zoning Compliance Fee: \$ _____ Plumbing Permit Fee \$ _____
Subtotal \$ _____

TOTAL \$ _____

ADMINISTRATIVE USE ONLY

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Preliminary
<input type="checkbox"/>	Approved as noted	<input type="checkbox"/>	Final
<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	Resubmit with changes



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SUBCONTRACTOR AFFIDAVIT FOR A BUILDING PERMIT

NOTICE: This form must be completed, signed (with original signatures in **RED or BLUE** ink) and submitted before any permits will be issued.

Project Address: _____

Owner Name: _____ Phone: (____) _____

Contractor Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

Plumbing Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

Electrician Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

HVAC Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGES IN SUBCONTRACTORS ARE MADE DURING CONSTRUCTION.

SAID BUILDING WILL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE MOST RECENT EDITION OF THE CONSTRUCTION CODES, AS ADOPTED AND AMENDED.



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR A BUILDING PERMIT

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **BUILDING PERMIT** under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

Sworn to and subscribed
before me this ____ day
of _____.

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Notary Public

My Commission Expires:

Entity: _____
Address: _____

