



# City of Temple Community Development

240 Carrollton St.  
P.O. Box 160

Temple, GA 30179  
(770) 562-3369

## RESIDENTIAL BUILDING PERMIT PACKAGE

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

Received by: \_\_\_\_\_

### To Apply for a Conventional Home Permit

**STEP 1:** Pick up the Development Package from the Department of Community Development (Room 503, 423 College Street, Carrollton, Georgia, or print a copy online at [www.carrollcountyga.com](http://www.carrollcountyga.com).

**STEP 2:** A. Ask staff to complete the *Parcel Information Sheet* or go to the Map Room (Room 414) to have it filled out. All applications involving the assignment of new addresses require the applicant to go to the Map Room.  
B. Complete the Conventional Home Application Packet.

*Information check list (before the County procedure can begin, every form must be filled out correctly and include)*

- ☐ Property address
- ☐ Property owner's names, address, phone number and work number
- ☐ Contractor's name, address and phone number (Electrical, Plumbing, and HVAC)
- ☐ Contractor's state license and Occupational Tax License
- ☐ One complete set of house plans

- C. Please see the instructions explaining how the sketch on this sheet is to be completed.
- D. Complete the *Plan Review Sheet* and the *Erosion Control Affidavit* for Single-Family Residential Construction.
- E. Complete the *Carroll County Environmental Health Septic Tank application*. This is not included in the online materials and may be obtained by visiting the Environmental Health Department at 423 College Street, Room 508.
- F. Have your contractors fill out and sign the *Contractor's Affidavit(s)* with a notarized signature. Administrative staff will notarize the documents for you at no additional charge. (*Subcontractors must have on file with the Department of Community Development the following documents: Contractors State License and Occupational Tax Certificate*).

**STEP 3:** A. Return this completed **Conventional Home Development Package** to the Department of Community Development. (Administration Building, Room 503).

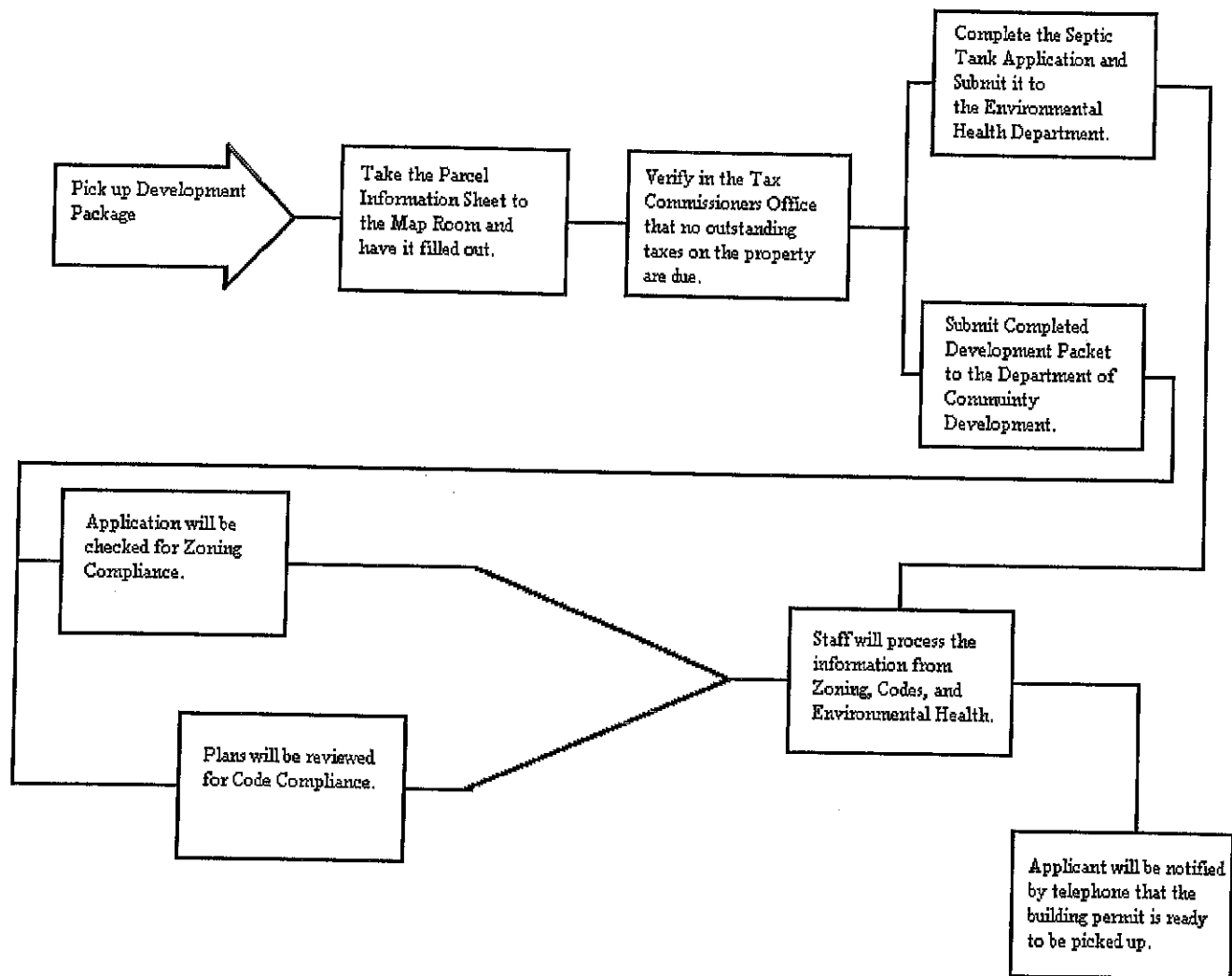
*The completed application will contain:*

- ☐ Parcel Information Sheet
  - ☐ Plan Review Sheet with one complete set of house plans
  - ☐ Sub-contractor's Affidavit(s) with notarized signatures
  - ☐ Erosion Control Affidavit
- B. Submit the completed Septic Tank application to the **Environmental Health Department** located in Room 508. Fees for the septic tank inspection are due and payable at the time the application is submitted.

After the forms have been reviewed by Community Development and the *Septic Tank application* approval has been received from Environmental Health, you will be telephoned and notified that the review process has been completed, and all of your permits have been issued. All permitting fees will be payable when you pick up your permits. A *Certificate of Occupancy (CO)* will be issued after the final inspection has been completed. Please refrain from moving into your home until this time.

Please note there is a 25 ft setback from cemeteries for any land disturbance activities, per Chapter 27.4 of the Code of Ordinances.

## DEVELOPMENT REVIEW PROCESS



## PLAN REVIEW SHEET

Please check: ☐ Conventional ☐ Manufactured Home ☐ Accessory Building or Additions  
☐ Commercial ☐ Swimming Pool ☐ Accessory Building

Other: \_\_\_\_\_

Please circle: Georgia Power Carroll EMC Greystone Power

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Builder: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 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: \_\_\_\_\_ HVAC Tonnage/BTU: \_\_\_\_\_  
 Swimming Pool Construction Cost \$ \_\_\_\_\_ Swimming Pool Size: \_\_\_\_\_

### APPLICANT

### ADMINISTRATIVE USE ONLY

Heated Space: \_\_\_\_\_  
 Basement Area: \_\_\_\_\_  
 Garage Area: \_\_\_\_\_  
 Porch Area: \_\_\_\_\_  
 Other Areas: \_\_\_\_\_  
 Total Square Feet: \_\_\_\_\_

Valuation \$: \_\_\_\_\_  
 Valuation \$: \_\_\_\_\_  
 Valuation \$: \_\_\_\_\_  
 Valuation \$: \_\_\_\_\_  
 Valuation \$: \_\_\_\_\_  
 Valuation \$: \_\_\_\_\_

**Manufactured Home:** Manufactured Year: \_\_\_\_\_ Size (WxL) \_\_\_\_\_  
 Decal # \_\_\_\_\_ Please Circle: Foundation Piers or ABS Pads

### ADMINISTRATIVE USE ONLY

Building Permit Fee: \$ \_\_\_\_\_  
 Plan Review Fee: \$ \_\_\_\_\_  
 Zoning Compliance Fee: \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

Electrical Permit Fee \$ \_\_\_\_\_  
 HVAC Permit Fee \$ \_\_\_\_\_  
 Plumbing Permit Fee \$ \_\_\_\_\_

**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

## 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 #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_ OTC License #  
and Jurisdiction: \_\_\_\_\_

Plumbing Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Master's Name: \_\_\_\_\_ State Card #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_ OTC License #  
and Jurisdiction: \_\_\_\_\_

Electrician Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Master's Name: \_\_\_\_\_ State Card #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_ OTC License #  
and Jurisdiction: \_\_\_\_\_

HVAC Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Master's Name: \_\_\_\_\_ State Card #: \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_ OTC License #  
and Jurisdiction: \_\_\_\_\_

**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.**

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 <sup>ST</sup> :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
<b>CURRENT ZONING CLASSIFICATION</b>			
<i>REQUIRED SETBACKS</i>		FRONT	
		SIDE	
		REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b> <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: _____			
<b>CDP COMPLIANCE</b>	<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: _____	

Please check:

☐

CONVENTIONAL

☐

MANUFACTURED HOME

☐

COMMERCIAL

☐

ACCESSORY BUILDING OR ADDITIONS

☐

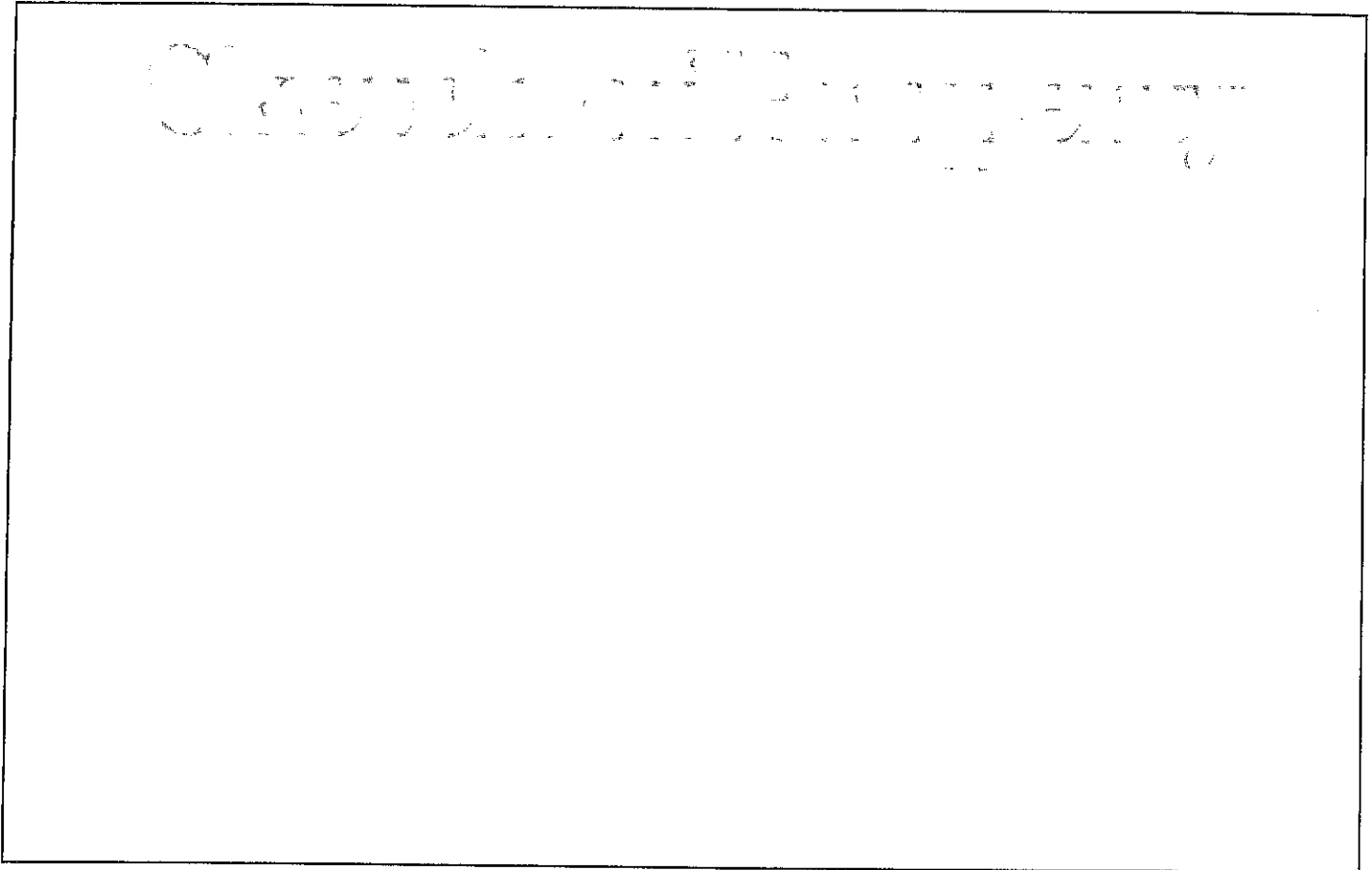
OTHER:

- 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? \_\_\_\_\_



## EROSION CONTROL AFFIDAVIT

Construction Site Name: _____		
Construction Site Address: _____		
Property Owner: _____	Phone: (____) _____	
Owner Address: _____	_____	
City: _____	State: _____	Zip: _____
Authorized Representative/Applicant: _____	Phone: (____) _____	
24-Hour Contact Person: _____	Phone: (____) _____	
E-Mail: _____		
Georgia Soil and Water Conservation Commission certification #: _____		

My signature hereto signifies that I am the person responsible for compliance with the Soil Erosion and Sedimentation Control Ordinance. I hereby acknowledge that Best Management Practices (BMP's), per *Manual for Erosion and Sediment Control in Georgia*, must be used to control soil erosion on my job site which includes (but, not limited to) at a minimum the following:

1. **Property installation and regular maintenance** of silt barriers (i.e. silt fences, hay bales, etc.) in those areas where water exists on the job site;
2. **Proper installation and regular maintenance** of a gravel construction entrance with geotextile under-liner to keep soil and mud from being tracked from vehicles onto the roadways;
3. Removal of mud from the roadway or adjacent property immediately following any such occurrence;
4. Maintenance and removal of sediment from detention ponds, sediment basins, sediment traps, etc.
5. **Conduct no land disturbing activities within 25 feet** of the banks of streams, lakes, wetland, etc. (i.e. "state waters") or within 50 feet of any trout stream. For projects within the water supply watershed, check with the engineer for stream buffers and setbacks;
6. Cut-fill operations must be kept to a minimum;
7. Land disturbing activities must be limited to and contained within the site of the approved plans;
8. Disturbed soil shall be stabilized as quickly as practicable (**within 14 days**);
9. Temporary vegetation or mulching shall be employed to protect exposed critical areas during development (Blankets or Matting are required on all slopes of 3 feet horizontal to 1 foot vertical (3:1) or steeper);
10. Cuts and fills may not endanger adjoining property;
11. Fills may not encroach upon natural watercourses or constructed channels in a manner so as to adversely affect other property owners;
12. Mud or silt (sediment) may not enter a stream, river, lake or other state waters.



**NOTE:**

1. **Best Management Practices (BMP's):** A collection of structural measures and vegetative practices which, when properly designed, installed, and maintained, will provide effective erosion and sedimentation control for all rainfall events up to and including a 25 year, 24-hour rainfall event.
2. **State Waters:** Any and all rivers, streams, creeks, branches, lakes, reservoirs, ponds, drainage systems, springs, wells, and other bodies of surface or subsurface water, natural or artificial, lying within or forming a part of the boundaries of the State which are not entirely confined and retained completely upon the property of a single individual, partnership, or corporation.

Any person violating any provisions of the Erosion and Sedimentation Ordinance, permitting conditions, or stop work order shall be liable for monetary penalty not to exceed **\$2,500 with a minimum of \$1,000 per day for each violation**, by a sentence of imprisonment not exceeding 60 days in jail or both fine and jail or work alternative. **Each day the violation or failure or refusal to comply shall constitute a separate violation.** Property owners, developers, and contractors should be advised that while the Erosion and Sedimentation Act and local Ordinance provides for fines of up to \$2,500 per day per violation, the GA Water Quality Control Act provides for fines up to \$50,000 per day per violation.

**Please note that the ORIGINAL LAND DISTURBING ACTIVITY PERMIT holder is responsible for all land disturbing activity on the property – even if the lots are sold.** Some liability may be alleviated if the original LDA Permit holder writes into his agreement of sale specific wording which ties all future development to the approved LDA Plan and Permit, including references to State Law and Carroll County Ordinances.

**NOTE:**

1. All persons involved in land disturbing activities have been trained and state certified per O.C.G.A. 12-7-19.
2. The finished floor elevation of the lowest habitable floor shall be at least (2) feet above (vertical elevation), or forty (40) feet from the (horizontal measurement) the 100-year floodplain or headwaters of any drainage easement or waterway (and not located in the dam-break area).
3. Driveway drain pipes shall be a minimum of 18 inches in diameter, and shall be bituminous coated metal pipe, reinforced concrete pipe, or material approved, in advance, by the Carroll County Road Department – PHONE: (770) 830-5901 (Driveways on State Highways call: Georgia DOT—(770) 646-5522).
4. No burial of wood waste, trees, stumps, or construction debris is allowed except in compliance with the procedure and rules of the Georgia Department of Natural Resources Environmental Protection Division, and inspections by the Development Department will be stopped at the request of the State if violations are found by them.
5. **511-3-1.03 General Requirements for On-Site Sewage Management Systems. Environmental Health (770) 836-6781.**

No person may begin the physical development of a lot or structure where an on-site sewage management system will be utilized, nor install an on-site sewage management system or component thereof, without having first obtained from the County Health Department a construction permit for the installation of an on-site sewage management system.

I hereby further acknowledge that Carroll County Department of Community Development inspection staff may refuse to make development inspections, may issue stop work orders, and may issue summons to Magistrate Court for failure to comply with erosion control requirements.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of Carroll County for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



**CITY OF TEMPLE**  
**Application for New Water & Sewer Taps**

SERVICE ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

FOR BILLING PURPOSES:

BUSINESS NAME \_\_\_\_\_ TAX ID NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

Authorization signature \_\_\_\_\_ Date \_\_\_\_\_

Standard Sewer \_\_\_\_\_  
¾ inch Water \_\_\_\_\_  
Residential Deposit \_\_\_\_\_  
Cut-on Fee \_\_\_\_\_  
TOTAL= \_\_\_\_\_

or OTHER

\_\_\_\_\_ inch- Sewer \_\_\_\_\_  
\_\_\_\_\_ inch-Water \_\_\_\_\_  
Deposit \_\_\_\_\_  
Cut-on Fee \_\_\_\_\_  
TOTAL= \_\_\_\_\_

**OFFICE USE ONLY**

**WORK ORDER COMPLETED AS FOLLOWS:**

DATE COMPLETED: \_\_\_\_\_

METER SERIAL NO: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

Application for: Water ☐ Sewer ☐

\$100 DEPOSIT FOR PURCHASE  
w/ proof of home purchase and valid ID

\$150 DEPOSIT FOR RENTER  
w/ copy of lease agreement and valid ID

ALL WATER SERVICE IS SAME-DAY CONNECT  
MONDAY-FRIDAY  
8AM -3PM ON NORMAL BUSINESS DAYS.

A FEE OF \$50 WILL BE ASSESSED FOR WATER  
TURNED ON AFTER HOURS

## City of Temple

240 Carrollton Street, Temple, Ga. 30179

☐ Residential ☐ Commercial Data Form

Have you had service in the City before: If yes, name on accounts: \_\_\_\_\_

### Customer Information

(Make checks payable to: Temple City Hall)

Customer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Service Address: \_\_\_\_\_ DL#: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Street Number/Name City State Zip  
Employer, address & phone #: \_\_\_\_\_  
Nearest relative and phone #: \_\_\_\_\_  
Check One: ☐ Own ☐ Rent If rented: Landlord name & phone number: \_\_\_\_\_

### Applies Only to Residential Customers Inside City Limits

Garbage Pick Up Requested: ☐ Yes ☐ No \$14.00 per month/ Current Rate (Pick up is every Friday)  
Recycle Service Requested: ☐ Yes ☐ No \$5.00 per month charge (Pick up is every other Wednesday)  
Garbage and Recyclables are required to be placed in the carts provided and rolled to the end of the driveway

Senior Citizen Discount applies ONLY to Residential Customers residing "inside" the City Limits (65 or Older)

Do you wish to apply for the Senior Citizen Discount? ☐ YES ☐ No DATE OF BIRTH \_\_\_\_\_

Proof of age verified: Driver's License ☐ Birth Certificate ☐ Family Bible ☐ Other ☐ (passport, Employee ID)

NOTE: The discount will be effective on the month following application approval.

The City of Temple is NOT RESPONSIBLE for any water damage or flooding mishaps that may occur when water is turned on. Customer must be at home to have service turned on. If not at home the lock will be removed from your meter and you will be responsible for turning on the water.

If your water meter is a radio-read meter, there is a cylindrical antenna attached to the meter box lid which can be broken when hit with hard objects such as a lawn mower. You are responsible for damages to this antenna and will be charged \$150 replacement cost if damaged.

Water bills are mailed out by the first of each month and considered delinquent if not paid by 5pm on the due date of the 20th.  
Failure to receive a bill does not absolve you of payment responsibility.

ANY ACCOUNT PAST DUE WILL BE CUT OFF FOR NON-PAYMENT THE 10<sup>th</sup> BUSINESS DAY OF THE FOLLOWING MONTH! IF the account is cut off there will be a \$50 reconnect fee and the balance on your account paid in full to have services restored.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Account No. \_\_\_\_\_ New Customer \_\_\_\_\_  
Deposit Receipt No. \_\_\_\_\_ Amount of Deposit \_\_\_\_\_  
Transfer \_\_\_\_\_ Date Deposit Fee Paid \_\_\_\_\_