

TOWNS COUNTY BUILDING APPLICATION PERMIT

TOWNS COUNTY BUILDING DEPARTMENT
1100 JACK DAYTON CIRCLE
YOUNG HARRIS, GEORGIA 30582
PHONE 706-896-3159 EMAIL: townsbi@gmail.com

THIS PERMIT IS REQUIRED ON ALL HOMES, BUILDINGS, RENOVATIONS, ADDITIONS, AND PORCHES. PLEASE ANSWER EVERY QUESTION TO ENSURE APPROVAL OF PERMIT.

THIS APPLICATION REQUIRES YOU TO FOLLOW AND ABIDE WITHIN THE STATE OF GEORGIA SOIL AND EROSION REQUIREMENTS.

DATE: _____

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: _____

PHONE _____

CONSTRUCTION LOCATION: _____

ADDRESS: _____

DIRECTIONS: _____

REQUIREMENTS FOR A BUILDING PERMIT

(MUST BE INCLUDED WITH BUILDING PERMIT)

1. COPY OF RECORDED PLAT OF PROPERTY AND COPY OF DEED

LAND LOT _____ DISTRICT _____ LOT NUMBER _____ (FOUND ON PLAT)

2. COPY OF SEPTIC PERMIT: (OBTAINED FROM ENVIRONMENTAL HEALTH DEPT. 706-896-8873)

3. COPY OF BLUE PRINTS OR DRAWING WITH DIMENSIONS

4. COPY OF CULVERT FORM: (SIGNED BY PROPERTY OWNER AND ROAD DEPT. SUPERINTENDANT)

5. COPY OF 911 ADDRESS REQUEST FORM (SIGNED BY PROPERTY OWNER)

6. COPY OF PLATT WITH LOCATION OF PROPOSED STRUCTURE (SKETCHED)

7. COPY OF PLAT OR SKETCH SHOWING HOW DRIVEWAY WILL CONNECT TO THE COUNTY ROAD OR STATE HIGHWAY. A GEORGIA DEPARTMENT OF TRANSPORTATION PERMIT WILL BE REQUIRED FOR DRIVES CONNECTING TO STATE HIGHWAYS.

8. COPY OF SUBMISSION FORM OF NOTICE OF INTENT, TO GEORGIA DEPARTMENT OF NATURAL RESOURCES, ENVIRONMENTAL PROTECTION DIVISION. (NOTE: THIS IS ONLY REQUIRED FOR CONSTRUCTION ON LOTS IN SUBDIVISIONS DEVELOPED AFTER AUGUST OF 2000 AND ON MORE THAN 1 ACRE OF DISTURBED LAND..)

CONSTRUCTION PROJECT

RESIDENTIAL _____ COMMERCIAL _____ (Check One)

NEW CONSTRUCTION _____ ADDITION _____ RENOVATION _____ (Check One)

ESTIMATED CONSTRUCTION COST: \$ _____

LIVING SPACE

MAIN LEVEL _____ SQ FT

BASEMENT _____ SQ FT FINISHED: Yes _____ No _____

UPSTAIRS _____ SQ FT FINISHED Yes _____ No _____

GARAGE(S) _____ SQ FT

COVERED PORCHES _____ SQ FT

SET BACK REQUIREMENTS FROM ROAD RIGHT OF WAY AND OR PROPERTY LINES ARE AS FOLLOWS:

20 FEET FROM THE FRONT OF LINE

20 FEET FROM THE REAR OF LINE

10 FEET FROM SIDES OF LINES

DOES YOUR CONSTRUCTION PROJECT MEET THE REQUIRED SET BACKS? Yes _____ No _____

BUILDING HEIGHT LIMITATIONS ARE 35 FEET OR 3 STORIES WHICHEVER IS LESS. DOES YOUR PROJECT MEET THE COUNTY REQUIREMENTS AND LIMITATIONS? Yes _____ No _____

THERE IS A 50 FEET BUFFER REQUIRED FROM ALL COLD WATER STREAMS IN GEORGIA PER THE GEORGIA ENVIRONMENTAL PROTECTION DIVISION. DOES YOUR BUILDING PROJECT MEET THIS BUFFER? Yes ___ No ___

NOTE: IF YOUR PROPERTY DOES NOT MEET THE GEORGIA ENVIRONMENTAL PROTECTION DIVISION BUFFER YOU WILL NEED TO APPLY TO THEM FOR A VARIANCE PRIOR TO A BUILDING PERMIT BEING ISSUED

DOES YOUR PROPERTY AND CONSTRUCTION PROJECT LIE WITHIN A FLOOD PLAIN? Yes ___ No ___

DOES YOUR PROPERTY BORDER UNITED STATES FOREST SERVICE PROPERTY? Yes ___ No ___

THE MOUNTAIN PROTECTION ACT PERTAINS TO PROPERTY ABOVE 2200 FEET, AND REQUIRES 1 ACRE OF LAND OR MORE WITH MINIMAL TREE REMOVAL. DOES THE MOUNTAIN PROTECTION ORDINANCE APPLY TO YOUR PROPERTY? Yes ___ No ___

IS YOUR PROPERTY LOCATED WITHIN TOWNS COUNTY? Yes ___ No ___

IS YOUR PROPERTY LOCATED WITHIN YOUNG HARRIS? Yes ___ No ___

IS YOUR PROPERTY LOCATED WITHIN HIAWASSEE? Yes ___ No ___

IS YOUR LOT ON LAKE CHATUGE? Yes ___ No ___ (NOTE THERE IS A 50 FT SETBACK REQUIREMENT FROM THE 1926 LINE ON LAKE CHATUGE PER COUNTY REQUIREMENT)

NOTE: ALL QUESTIONS ON THE APPLICATIONS MUST BE ANSWERED

PLEASE READ AND INITIAL THE FOLLOWING:

1. I UNDERSTAND THAT THE TOWNS COUNTY BUILDING INSPECTOR MAY INSPECT THE PERMITTED PROJECT AT ANY REASONABLE TIME TO ENSURE COMPLIANCE WITH MY PERMIT _____

2. I UNDERSTAND THAT PER O.C.G.A. 48-5-264.1 THE TOWNS COUNTY APPRAISAL STAFF WILL BE VISITING MY PROPERTY WITHIN THE YEAR OF MY PERMIT FOR DATA COLLECTION _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

PROPERTY OWNER SIGNATURE _____

DATE: _____

Georgia Department of Natural Resources

Mountain District Office 16 Center Road Cartersville, Georgia 30121
Remit Correspondence To: Noel Holcomb, Commissioner

Post Office Box 3250 Environmental Protection Division
Cartersville, Georgia 30120 Carol A. Couch, Ph.D., Director
PHONE: (770) 387-4900

FAX: (770) 387-4906

Towns County Erosion Control and Compliance Procedures and Questions

The National Pollutant Discharge Elimination System- Stormwater Discharges Associated with Construction Activity (Permit) requires that a Notice of Intent and Erosion and Sedimentation Control Plan (Plan) be submitted to this office fourteen days prior to the initiation of land disturbance for projects with disturbance greater than/equal to one (1) acre. The Permit requires that the Plan, copies of NOI, and fee payment return receipt be onsite at all times. The Erosion and Sedimentation Act requires that all land disturbance projects within two hundred feet of state waters have an erosion and sedimentation plan regardless of size. Upon inspections, the GA EPD requires that Best Management Practices be followed at all construction projects.

Please note that under O.C.G.A. 12-7-6 (b)(15) and Section IV of the General National Pollutant Discharge Elimination System (NPDES) Permit for Storm Water discharges, it is unlawful to conduct land disturbing activities within 25 feet of the banks of State Waters deemed non-cold waters by Georgia Department of Natural Resources Rules for Water Quality Control 391-3-6-.03 (body of Lake Chatuge equal to and below the normal full pool elevation) without a variance from the Director of Georgia's Environmental Protection Division.

O.C.G.A. 12-7-6 (b)(16) and Section IV of the Permit makes it unlawful to conduct land disturbing activities within 50 feet of the banks of State Waters deemed cold water streams by Georgia Department of Natural Resources Rules for Water Quality Control 391-3-6-.03 (all streams, creeks, rivers, etc. in Towns County) without a variance from the Director of Georgia's Environmental Protection Division.

I encourage anyone with questions regarding the identification of state waters to contact me at 770-387-4900. I am also available to answer any questions regarding erosion and sedimentation control issues in Towns County.

Matt Sherwood
Environmental Specialist

GA Environmental Protection Division

ADOPTED 8-21-2008

TOWNS COUNTY
CULVERT INSTALLATION
APPLICATION, SITE REVIEW, AND PERMIT

This application is being made by _____ for permission to install a driveway culvert at the property listed below. This property adjoins a county-owned or county-maintained road.

Property location: _____

Residential Sub-division Lot # _____ Tract _____ County owned or maintained road is paved? Yes No
Applicant is: Owner Contractor Phone #s _____

The following requirements must be met:

1. A Driveway permit may be obtained at no charge from the Commissioner's office to be approved by the Road Department before any culvert installation begins.
2. A dig permit must be obtained from the Utility Protection Center at (800) 282-7411 before any culvert installation begins. Call a minimum of 3 days before work begins. (all underground utilities will be located at NO CHARGE i.e. electric, phone, sewer, water, gas and television cable)
3. This application must be pre-approved by the Georgia Department of Transportation yes no
4. Adequate Sight Distance Each Direction: yes no
5. The culvert must be metal, a minimum of 15" in diameter by 30' in length*. The culvert must be located in line with the existing ditch: however culverts must be a minimum of 4 feet from the driving surface of the county road. If upon inspection, the County determines that these minimum dimensions are not suitable the following are required: *(a variance may be granted by the road dept. according to the terrain and construction of the road)
_____ Diameter _____ length _____ distance from driving surface
6. Each construction access entrance must be graded and covered with gravel for a minimum of 50' from the county road. The gravel must be in place before the drive can be used to access the property and before culvert or building construction begins.
7. The driveway must be constructed so that no water, silt, or debris is carried onto road. This requires that the driveway be sloped away from the county road for a minimum of four (4) feet measured from the intersection of the county road and the driveway (see attached diagram).
8. During construction, the existing ditch line must be maintained as to not interfere with normal water flow.
9. The location of the proposed culvert must be marked so that the county road department can perform a pertinent site inspection.
10. Any required paving must be permitted and inspected by the Towns County Road Department and completed within twelve (12) months.

Additional comments and criteria:

I hereby certify that I will comply with all requirements for installation of this culvert.

Applicant's Signature: _____
Date: _____

PERMIT

Proposed culvert installation has been reviewed and approved by Towns County Road Dept.

Signature: _____ Permit Date: _____
Road Dept. Superintendent

This permit is issued subject to Applicant complying with all listed conditions. The Road Department must be contacted at 706 896-2276 after culvert installation is completed to schedule an inspection.

Towns County E-911 Mapping
1100 Jack Dayton Circle
Young Harris, GA 30582
Phone: 706-896-5792
Fax: 706-896-4705
911@townscountyga.com
Marty Roberts

E911 Address Application

Current Mailing Address:

Full Name: _____

Current Mailing Address: _____

City, State, Zip: _____

Home Phone #: _____ Cell Phone #: _____

Information needed for Address:

Reason for E-911 address: _____

Where is the property located for the new address: County or City Limits _____

Road the driveway connects with: _____

Provide building permit number: _____

Provide parcel number: _____

Before a 911 address will be assigned all required building permitting must be approved, driveway roughed in, and footer inspection complete. Addresses will not be assigned to vacant land.

Is the driveway roughed in? _____ In order to be eligible for a 911 address you must have a driveway roughed in. **NO EXCEPTIONS!**

This form must be completed in its entirety

Property Owner

Date Applied

New Address

Mapping Personnel

Date Assigned

APPENDIX RD
MANDATORY COMPLIANCE CERTIFICATE

2020 Georgia Residential Energy Code Compliance Certificate

This certificate shall be posted on or near the electrical distribution panel or air handler

Permit # _____

House Address or Community/Lot# _____

Jurisdiction Logo and/or
Contact Information
Here

Building Summary

Builder Company Name	Signature	Contact (email/phone)	Date
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Compliance Pathway (check one)

- Prescriptive: R401-404
- UA Trade-off: R402.1.5
- RESCheck: Keyed to 2015 IECC
- Simulated Performance: R405
- Energy Rating Index (ERI): R406
ERI Score _____

Building Envelope (when multiple values per component, list value covering largest area)

Ceiling/Roof R-value	Above-grade mass wall R-value
Sloped/vaulted ceiling R-value	Cantilevered floors R-value
Exterior wall R-value	Window/Glass Door SHGC
Kneewall (cavity and/or continuous) R-value	Window/Glass Door U-factor
Foundation (cavity and/or continuous) R-value	Skylight SHGC
Floors over unconditioned R-value	Skylight U-factor

Mechanical Summary

HVAC Company Name	Contact (email/phone)	Date
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Heating System Type	Efficiency (AFUE, HSPF, COP or other)	Cooling System Type	Efficiency (SEER, EER or other)	Water Heating Type	Efficiency (EF or other)
<input type="checkbox"/> Gas		<input type="checkbox"/> Air conditioner		<input type="checkbox"/> Gas	
<input type="checkbox"/> Heat pump		<input type="checkbox"/> Heat pump		<input type="checkbox"/> Electric	
<input type="checkbox"/> Other		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

Yes No Manual J, S, D or equivalent complete?

Required Mechanical Ventilation

Type (check one)	Design Rate (check one)	Design Ventilation Rate (CFM)
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Continuous	
<input type="checkbox"/> Supply	<input type="checkbox"/> Intermittent	
<input type="checkbox"/> Balanced	If intermittent, list runtime in min. per hour	

Duct and Envelope Tightness Testing Summary

DET Verifier	Contact (email/phone)	DET Verifier ID
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Envelope Tightness Testing (< 5 ACH50) (Envelope Tightness = Blower Door Fan Flow x 60 / Thermal Envelope Volume)

Blower Door Fan Flow (CFM50)	Thermal Envelope Volume (ft ³)	Envelope Tightness (ACH50)
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If multifamily unit and conducting sampling, this unit is not required to be tested. Mark N/A.

Duct Tightness Testing (< 6 CFM25/100 ft²) (Total Duct Leakage = 100 x Fan Flow / Area Served)

Number of Heating and Cooling Systems			
Duct Tightness Leakage Test Results	System 1	System 2	System 3
Test not required if air handler and ductwork located entirely within conditioned space			
Location			
Fan Flow (CFM25)			
Area Served (ft ²)			
Total Duct Leakage (CFM25/100 ft ²)			
Rough In Total (RIT) or Post Construction Total (PCT)			

Towns County Building Department

1100 Jack Dayton Circle

Young Harris, Georgia

30582

Permit # _____

All Georgia Contractors must sign off on each trade performed, listed below in order to get a Certificate of Occupancy.

Please Sign, Date and give Georgia License #:

	(Ga. License #:)	(Date)
CONTRACTOR/ OWNER _____	License # _____	Date _____
Electrical _____	License # _____	Date _____
Mechanical _____	License # _____	Date _____
Plumbing _____	License # _____	Date _____
Gas _____	License # _____	Date _____
Solar _____	License # _____	Date _____