



Effingham County

Development Services

Building Inspections Division

904 North Pine Street, Springfield, GA 31329 (office)

601 North Laurel Street, Springfield, GA 31329 (mailing)

912-754-2128 (office) 912-754-2151 (fax)

buildinginspections@effinghamcounty.org

Accessory Structure Permit Application

Shaded Area For Internal Office Use Only				
Date Received:	Date Issued:	Building Permit Number:	Plan Review Fee:	Permit Fee:
Zoning Approval:	Engineering / Flood Plain Manager:		Environmental Health	

Map/Parcel Number: _____ Old Map/Parcel Number: _____ Zoning: _____ Setbacks: F _____ R _____ SI _____ SS _____

Flood Zone _____ Wetlands Present: Yes _____ No _____ Power Company: _____

Project Address: _____ Lot/Unit#: _____ Development: _____ Lot Size: _____

Floors: _____ #Baths: _____ ☐ Electrical ☐ Plumbing ☐ Mechanical

Building Area (Sq. Ft.): _____ Heated Area (Sq. Ft.): _____ Unheated Area (Sq. Ft.): _____

Type Roofing: _____ Foundation: _____ Exterior Wall Covering: _____

Class of Work

☐ Erect ☐ Addition ☐ Repair ☐ Remodel ☐ Demolish ☐ Other: _____

Permit Type

☐ Carport ☐ Lean To ☐ Pole Barn ☐ Pool House ☐ Private Garage

☐ Shed ☐ Shop ☐ Storage Building ☐ Other _____

OWNER / CONTRACTOR INFORMATION

Owner: _____	Contractor: _____
Mailing Address: _____	Mailing Address: _____
Home Phone: _____	Contact Phone: _____
Work Phone: _____	State/Local License #: _____
Email Address: _____	Email Address: _____

All provisions of building codes, zoning ordinances, or other ordinances of Effingham County and that any omission of or misrepresentation of fact with or without the intention of the permit holder shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The granting of a permit does not presume to give authority to violate or cancel to provisions of any other state or local law regulating construction or the performance of construction and any alteration from this application. The permit holder will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The permit holder will be held legally liable for any violations which may occur with or without their knowledge. The permit holder may request a Certificate of Occupancy when all required inspections have been approved. As the permit holder I understand and agree and certify that I have read and examined this application and know the same to be true and correct.

Signature of Owner, Contractor or Authorized Agent	Print Name	Date
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☐ Accessory Structure Application completed ☐ Homeowner Affidavit ☐ Site Plan ☐ Sub-contractors List ☐ Building Plans ☐ OSSMS Application (if applicable)

Revised 4/1/2019



Effingham County

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HOMEOWNER BUILDING PERMIT AFFIDAVIT

Building Permit Number: _____ Date: _____

Name: _____ Phone Number: _____

Current Address: _____

Construction Address: _____

This department understands that as the homeowner you have the right to build on your property. As a public service to protect you the investment in your property, this department has put together this information.

Please read and initial each paragraph. If you do not understand the paragraph our office personnel will gladly explain it to you.

1. I hold title to the above real property, and agree to all and local and state laws including (O.C.G.A. 43-41-17.h), you may access the entire section of Georgia Law at [http://sos.georgia.gov/acrobat/PLB/laws/49 Residential And General Contractors 43-41.pdf](http://sos.georgia.gov/acrobat/PLB/laws/49%20Residential%20And%20General%20Contractors%2043-41.pdf)

Initial _____

2. I understand that as a homeowner/builder I must abide by all zoning ordinances and building regulations in effect at the time of permit application.

Initial _____

3. I understand that the building official and inspectors are **not** to design, alter or give advice on how to meet the code---only if the structure meets the minimum code.

Initial _____

4. I understand that as a homeowner/builder that any contract disputes with sub-contractors and I must be handled in a civil court with the advice of an attorney. This department will not mitigate any contract disputes.

Initial _____

5. I understand that if I compensate any person or company for work performed they are required to have a business license.

Initial _____

6. Applicant acknowledges that knowingly falsifying statements made in the permit application will subject the applicant to possible prosecution. Georgia Criminal Code Section 26-2402 (False Swearing) call for a possible fine of not more than \$1,000.00 or imprisonment for up to (5) years, or both.

Initial_____

APPLICANT ACKNOWLEDGES THAT HE/SHE IS AWARE THAT A PERMIT ISSUED UNDER THE PROVISIONS OF THE CODE **MAY BE REVOKED FOR FALSE STATEMENTS OF MISREPRESENTATION** AS TO THE MATERIAL FACTS IN THE APPLICATION OF WHICH THE PERMIT IS ISSUED. APPLICANT ACKNOWLEDGES THAT THE PERMIT REQUESTED WAS GIVEN SOLELY BASED ON THIS AFFIDAVIT, AND THE PERMIT IS BASED UPON MY SWEARING UNDER OATH THAT I RESIDE OR INTEND TO RESIDE ON THIS PROPERTY.

Applicant's Name (Please Print)

Applicant's Signature

Date_____

Sworn before me on this date_____

Notary Signature_____

(SEAL)

My Commission expires_____



§ 43-41-17. Effective date of licensing and sanctioning provisions; unenforceable contracts; compliance with county or municipal requirements; exemption for DOT contractors; other exceptions

(h) Nothing in this chapter shall preclude any person from constructing a building or structure on real property owned by such person which is intended upon completion for use or occupancy solely by that person and his or her family, firm, or corporation and its employees, and not for use by the general public and not offered for sale or lease. In so doing, such person may act as his or her own contractor personally providing direct supervision and management of all work not performed by licensed contractors. However, if, under this subsection, the person or his or her family, firm, or corporation has previously sold or transferred a building or structure which had been constructed by such person acting without a licensed residential or general contractor within the prior 24 month period, starting from the date on which a certificate of occupancy was issued for such building or structure, then such person may not, under this subsection, construct another separate building or structure without having first obtained on his or her own behalf an appropriate residential or general contractor license or having engaged such a duly licensed contractor to perform such work to the extent required under this chapter, or it shall be presumed that the person, firm, or corporation did not intend such building solely for occupancy by that person and his or her family, firm, or corporation. Further, such person may not delegate the responsibility to directly supervise and manage all or any part of the work relating thereto to any other person unless that person is licensed under this chapter and the work being performed is within the scope of that person's license. In any event, however, all such work must be done in conformity with all other applicable provisions of this title, the rules and regulations of the board and division involved, and any applicable county or municipal resolutions, ordinances, codes, permitting, or inspection requirements.

I, _____ have read and acknowledge the requirements of the Georgia state code of O.C.G.A. 43-41-17(h).

Request for Occupation Tax Information

The following list must be filled out and turned into this office with the building permit application

Owner _____ Date _____

General Contractor _____ State License Number _____

Job Location _____

	<u>Business Name</u>	<u>Occupation Tax Number</u> (Business License Number)	<u>State License Number</u>
Footing Contractor	_____	_____	_____
Slab Constructor	_____	_____	_____
Framing Contractor	_____	_____	_____
Electrical Contractor	_____	_____	_____
Heating & Air Contractor	_____	_____	_____
Plumbing Contractor	_____	_____	_____
Roofing Contractor	_____	_____	_____
Insulation Contractor	_____	_____	_____
Drywall Contractor	_____	_____	_____
Painting Contractor	_____	_____	_____
Carpet Contractor	_____	_____	_____
Brick Mason	_____	_____	_____
Siding Contractor	_____	_____	_____
Cornice & Eaves	_____	_____	_____
Well Driller	_____	_____	_____
Landscaper	_____	_____	_____
Land Clearing	_____	_____	_____
Septic Tank	_____	_____	_____
Termite Contractor	_____	_____	_____

This is to certify that the above listed sub-contractors have current Effingham Occupation Tax, if sub-contractor is not from Effingham County a copy of their current Occupation Tax is required.

Sign _____ General Contractor/Home Owner