



**Forsyth County Department of Building and Licensing**  
110 E. Main Street, Suite 100 | Cumming, Georgia 30040 | (770) 781-2114 | forsythco.com

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# RESIDENTIAL BASEMENT FINISH

# PERMIT PACKET

# CHECKLIST

**NOTE:** Permit applications may be submitted electronically through the Customer Service Portal or in person at our office. You can submit the permit application and upload required documents to the CSS portal at: [https://css.forsythco.com/Energov\\_Prod/selfservice/](https://css.forsythco.com/Energov_Prod/selfservice/)

Please complete the entire application package, including:

- **Permit Details Form**
- **Required Contractor Documents:** Forms/Affidavits must be signed and Notarized. Do not provide copies of Driver's License.
  - **Authorized Agent Form:** General Contractor. Include current Business License and copy of State License.
  - **Sub-Contractor Affidavits:** Electrical, Mechanical, Plumbing (as needed). Include current Business License and copy of State License.
- **Owner/Contractor Exemption:** Required documents if owner will be obtaining permit as the Owner/Contractor.
  - **Self-Work Affidavit** - Required to be Notarized. Select trades to be covered by Owner/Contractor. Submit Sub-Contractor Affidavits for any trades not covered by the Owner/Contractor.
- **Basement Floor Plan:** Scaled drawing. 1 Copy (8 1/2 x 11). Label all rooms.
- **Environmental Health Approval:** Required if on septic. Obtain at Forsyth County Environmental Health (770-781-6909) prior to submitting permit application.
- **Temporary Toilet:** Required if no toilet facilities available on site. Obtain at Forsyth County Health Department (770-781-6909) prior to submitting permit application.
- **Fees:** Accepted forms of payment: cash, check, Visa, or MasterCard. See the Forsyth County website for the fee schedule: <https://www.forsythco.com/Departments-Offices/Building-Licensing>

## GENERAL INFORMATION

Minimum inspections required for Basement Finish (Renovation) permit:

- Underground Plumbing (if needed)
- Combination Rough
- Insulation (if needed)
- Temp-to-Perm (if needed)
- Combination Final

For questions about what the required inspections include, or how to schedule inspections, please contact our Inspection Scheduling Team: **(770)781-2114 Option #1.**

**In accordance with R314.2.2 and R315.2.2 of the 2018 IRC, smoke alarms and carbon monoxide alarms shall be required and will be inspected/tested in accordance with sections R314 and R315.**

# PERMIT DETAILS FORM

## PROPERTY ADDRESS INFORMATION

Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Subdivision Name and Lot # (if applicable): \_\_\_\_\_ Lot #: \_\_\_\_\_

## CONTRACTOR INFORMATION (if applicable)

Business Name: \_\_\_\_\_ GA State License # \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## PROJECT INFORMATION

Description of work: \_\_\_\_\_

Square footage of basement area being finished? \_\_\_\_\_ Total # Bathrooms: \_\_\_\_\_

Total # Bedrooms \_\_\_\_\_ Are you adding additional bedrooms to the home? Yes \_\_\_ No \_\_\_

Sewer System: Septic \_\_\_ Sewer \_\_\_ Private \_\_\_ Are you adding a garbage disposal? Yes \_\_\_ No \_\_\_

## AUTHORIZED SIGNATURES

The undersigned states that the above information is true and correct, understands that the permit issued is only for the construction as stated and that occupancy is not permissible until all inspections and code requirements are met and a Certificate of Occupancy has been issued by Forsyth County.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_ Date

Property Owner's Name: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

\_\_\_\_\_ Date

**\*\*Permit cards are to remain onsite until a Certificate of Completion has been obtained\*\***



**State Licensing Board for Residential and General Contractors  
Authorized Permit Agent Form**

Licensed Contractor: \_\_\_\_\_ Individual \_\_\_\_\_ Qualifying Agent

Name of Licensed Person: \_\_\_\_\_

Please attach a copy of Individual License or Company License

License Number of Individual or Qualifying Agent: \_\_\_\_\_

Please attach copy of Qualifying Agent License

Name of Licensed Company (if applicable): \_\_\_\_\_

License Number of Company (if applicable): \_\_\_\_\_

I, \_\_\_\_\_ hereby designate  
(Licensed Individual or Qualifying Agent)

\_\_\_\_\_ to apply for and obtain permits.

**AUTHORIZED SIGNATURE**

I, the undersigned, being the contractor as either an individual or a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of Individual or Qualifying Agent \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Seal

# ELECTRICAL SUB-CONTRACTOR AFFIDAVIT

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

This is to certify that I am responsible for the **Electrical** installation and compliance with all applicable codes. I understand that Forsyth County requires Temporary Power Connection to Service Utilities before final inspection. I relieve Forsyth County and its Inspectors from any liability for damages, or loss of property or improper installation.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
State License #

\_\_\_\_\_  
Licensed Electrical Contractor Signature

\_\_\_\_\_  
Notary Public Signature and Stamp

\_\_\_\_\_  
Date

Do you have a restricted license? Yes  No

if yes, Is the scope of this work within the license restriction (Residential, Single Phase, maximum 400 amps)?

Yes  No

\_\_\_\_\_  
Licensed Electrical Contractor Signature

\_\_\_\_\_  
Date

# MECHANICAL SUB-CONTRACTOR AFFIDAVIT

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

This is to certify that I am responsible for the **Mechanical** installation and compliance with all applicable codes. I relieve Forsyth County and its Inspectors from any liability for damages, loss of property or improper installation.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
State License #

\_\_\_\_\_  
Licensed Mechanical Contractor Signature

\_\_\_\_\_  
Notary Public Signature and Stamp

\_\_\_\_\_  
Date

Do you have a restricted license? Yes \_\_\_\_ No \_\_\_\_

If yes, is the scope of this work within the license restriction (Maximum 175,000 BTU heating, maximum 60,000 BTU cooling)?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Licensed Mechanical Contractor Signature

\_\_\_\_\_  
Date

# PLUMBING SUB-CONTRACTOR AFFIDAVIT

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

This is to certify that I am responsible for the **Plumbing** installation and compliance with all applicable codes. I assume all responsibility and liability for the installation of the building sewer and water lines. I understand that it is my responsibility to ensure that the sewer and water lines are installed in compliance with the Georgia Minimum Plumbing Code and any local ordinances. Ordinances may be obtained from Forsyth County/City of Cumming.

I also understand that Forsyth County/City of Cumming requires a cleanout at sewer tap. I relieve Forsyth County/City of Cumming and its Inspectors from any liability for damages loss of property or improper installation.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
State License #

\_\_\_\_\_  
Licensed Plumber Contractor Signature

\_\_\_\_\_  
Utility Contractor Signature (if applicable)

\_\_\_\_\_  
Notary Public Signature and Stamp

\_\_\_\_\_  
Date

Do you have a restricted license? Yes \_\_\_\_ No \_\_\_\_

If yes, is the scope of work within the license restriction (Single-family dwellings, one-level dwellings designed for no more than 2 families and commercial structures not exceeding 10,000 sq ft)? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
Licensed Plumber Contractor Signature

\_\_\_\_\_  
Date

**When installing an irrigation system if connecting to an existing water supply line backflow protection and rain sensor will be verified at time of Final Plumbing inspection.**