



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

RESIDENTIAL RENOVATION

PERMIT PACKET

Revised 1/1/2025

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/

Please complete the entire application package including:

- **Permit Details Form**
- **Required Contractor Documents:** Forms/Affidavits must be signed and Notarized (where required). Do not provide copies of Driver's License.
 - **Authorized Agent Form:** General Contractor. Include copies of current State and Business licenses. Do not provide copies of driver's license.
 - **Sub-Contractor Affidavits:** Electrical, Mechanical, Plumbing. Include copies of current State and Business licenses. Do not provide copies of Driver's License.
- **Owner/Contractor Exemption:** Required document if owner will be obtaining the 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 Owner/Contractor.
- **Floor Plan:** Provide one page for each floor, including basement. Label all rooms.
- **Environmental Health Approval:** Required if on septic. Provide septic permit. Obtain from Environmental Health (770)781-6909.
- **Temporary Toilet:** Required if not toilet facilities on site. Obtain from Environmental Health: (770-781-6909). Include permit with application documents.
- **Fees:** Building Permit Fees are calculated using Forsyth County Building Fee Schedule (link below).
 - **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

This permit packet is to be used when remodeling and/or renovating an existing structure.

Inspections are required throughout the project and at the completion. Required inspections may vary depending on permit application type. If you are unsure about required inspections, or how to schedule required inspections, please contact our Inspection Scheduling Team at: **(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.

Revised 1/1/2025

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: _____

Are you changing use of any existing rooms? Yes No If so, list room(s) _____

Finished Space of Area being renovated, in square feet: _____ Are bedrooms being added? Yes No

Is basement area being added at this time? Yes No Finished sq ft _____ Unfinished sq ft _____

Garage square footage: _____ Storage square footage: _____ Other _____

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



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: _____

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.

Revised 1/1/2025