



**Chatham County Department of Building  
Safety & Regulatory Services**

P.O. Box 8161, Savannah, GA 31412-8161  
912-201-4300 - Fax 912-201-4301



**Gregori S. Anderson, CBO  
Director**

**Clifford Bascombe, CBO, CFM  
Assistant Director**

**RESIDENTIAL/COMMERCIAL  
STORAGE PERMIT APPLICATION**

Use for sheds, tents, accessory buildings, workshops, etc. *that are not attached to the main structure*

**The following information must be submitted before a permit can be issued.**

- A. Subcontractor list with signatures / Homeowner Affidavit
- B. Copy of current State and local business license for builder and all subcontractors
- C. **TENTS** – copy of Fire Retardant Certificate
- D. Two copies of a site plan (not larger than 11 ½ by 17)
- E. Two sets of construction drawings with typical wall section attached to each set
- F. Georgia Department of Public Health approval for lots with septic tanks
- G. Chatham County Engineering Department approval if located in flood zone – see Subdivision Exception listing

P.I.N.: \_\_\_\_\_ *Obtained from Tax Assessors Office (912) 652-7271.*

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

**Owner:**

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

**PERSON APPLYING FOR PERMIT:** Same as owner: \_\_\_\_ Yes \_\_\_\_ No

Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

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

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

**Description of accessory building:**

Tent       Workshop       Greenhouse       Storage shed       Pergola

Other \_\_\_\_\_ Square footage: \_\_\_\_\_

**Tents:**

Tent will be used for: \_\_\_\_\_

Date Erected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Down: \_\_\_\_/\_\_\_\_/\_\_\_\_

How will tent be anchored? \_\_\_\_\_ No. of exits: \_\_\_\_\_

Will cooking be done inside the tent: Yes \_\_\_\_\_ No \_\_\_\_\_

Will electrical power be provided: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete an electric permit application

**Septic Tank on the property:**  Yes  No

**Contractor:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**\*IF SUBCONTRACTORS WILL BE USED - COMPLETE CHATHAM COUNTY SUBCONTRACTOR LIST FORM  
\*IF HOMEOWNER IS DOING THE WORK - COMPLETE HOMEOWNER AFFIDAVIT FORM**

**Cost**

Building \$ \_\_\_\_\_ HVAC \$ \_\_\_\_\_  
Plumbing \$ \_\_\_\_\_ Electrical \$ \_\_\_\_\_ **Total Cost \$ \_\_\_\_\_**

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It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the building codes, zoning ordinance, or other ordinances of Chatham County and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration from this application (including changing subcontractors) without the approval of the Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The owner is listed above will be held responsible for insuring that all permits have been obtained and that all required inspections have been made. The owner will be held legally liable for any violations which may occur with or without his or her knowledge. The owner may request a Certificate of Completion when all required inspections have been approved.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_



# CHATHAM COUNTY APPLICATION CHECKLIST AFFIDAVIT

Address: \_\_\_\_\_ Permit # \_\_\_\_\_

### Required Forms & Documents

**Y N N/A**

- Signed Application
- Complete Application Checklist Affidavit (*this form*)
- Site Plan – Two copies (11-1/2 by 17)
- Subcontractor Signature Page
- Homeowner Affidavit
- Copy of Georgia State license and copy of local Georgia business license
- Construction Plans / Drawings – Two copies

### Required Additional Approvals

**Y N N/A**

- Environmental Health Department (*ALL lots that have a septic tank*)
- Engineering Department (*For parcels in a flood zone*)

**Note: Supplemental information may be required during plan review to address deficiencies.**

Pursuant to the requirements established by Georgia Law Section §8-2-26, I am submitting all documents checked “Y” above for review and approval.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

\*\*\*\*\*

Office Use Only

**Complete Application:** Name: \_\_\_\_\_ Date \_\_\_\_\_

Environmental Health	Link to septic application: <a href="https://www.gachd.org/wp-content/uploads/2019/05/Septic-App-Fillable-1.pdf">https://www.gachd.org/wp-content/uploads/2019/05/Septic-App-Fillable-1.pdf</a>  1395 Eisenhower Drive, Savannah, GA 912-356-2160
Engineering Department	Call 912-652-7800 for an appointment 124 Bull Street, Savannah, GA Take one set of plans for their review



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CHATHAM COUNTY SUBCONTRACTOR LIST

Job Location \_\_\_\_\_

Owner's Name \_\_\_\_\_

General Contractor \_\_\_\_\_

PLUMBING

Date \_\_\_\_\_

I hereby certify that I will perform the plumbing work for the project address above and further certify that I have a valid Georgia State license and Georgia local business license.

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

State License # \_\_\_\_\_ Expires: \_\_\_\_\_

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

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

Email \_\_\_\_\_

ELECTRICAL

Date \_\_\_\_\_

I hereby certify that I will perform the electrical work for the project address above and further certify that I have a valid Georgia State license and Georgia local business license.

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

State License # \_\_\_\_\_ Expires: \_\_\_\_\_

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

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

Email \_\_\_\_\_

MECHANICAL

Date \_\_\_\_\_

I hereby certify that I will perform the mechanical work for the project address above and further certify that I have a valid Georgia State license and Georgia local business license.

Local Business License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_

State License # \_\_\_\_\_ Expires: \_\_\_\_\_

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

Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

Email \_\_\_\_\_



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**HOMEOWNER AFFIDAVIT**

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

Permit # \_\_\_\_\_

Name: \_\_\_\_\_

Address of Project: \_\_\_\_\_

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

I do hereby swear that I am the owner of the above referenced dwelling and am requesting the right to perform the detailed work on the attached application. This is a single-family dwelling and I am now (or will be, when the construction is complete) residing at the location.

I understand it is a violation of State law for me to hire anyone, other than a licensed contractor, to assist me in this task. I understand that any violations of this agreement will be just cause for the permit to be voided and the issuance of citation into Municipal Court and other legal action may be taken against me which could result in my loss of electrical service.

Signature of Owner:

\_\_\_\_\_

NOTARY:

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

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

SEAL