Chatham County Department of Building Safety & Regulatory Services
1117 Eisenhower Dr Ste D Savannah, GA 31406
912-201-4300

MEMBER ICC INTERNATIONAL CODE COUNCIL®

Applications are accepted
Mon - Fri 8:00am - 3:30pm

Clifford Bascombe, CBO
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.:_____ Flood Zone: _____

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 $**_____

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	
☐	☐	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: https://www.gachd.org/wp-content/uploads/2019/05/Septic-App-Fillable-1.pdf 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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Assistant Director

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