

# ***Permitting Requirements for Manufactured Home Placement***



The following, is a list of documents that need to be submitted with your application. Please note, that it may take up to **5 business days**, to review and approve the submittals for permitting. Exclusion of any of the items below will delay the issuance of the permit.

- 1. Completed Application**
- 2. Land Owner Affidavit Signed and notarized, if the property is not in your name.**
- 3. Copy of Deed and Plat, this can be obtained from the Clerk of Courts Office.**
- 4. PT-41 and closing documentation, from the manufactured home dealer.**
- 5. Shipping invoice, if the mobile home is being ordered.**
- 6. If Manufactured Home is bought from an individual, we require a bill of sale.**
- 7. Copy of title or title transfer documentation**
- 8. Copy of Driver's License or Valid Photo ID.**
- 9. If purchasing a used manufactured home, we required pictures of the inside and outside. You can email these to: [zone-sec@planters.net](mailto:zone-sec@planters.net)**
- 10. We require proof of taxes paid; you can obtain this from the Tax Commissioners Office.**
- 11. The Screven County Health Department, must approve the site for septic, a soil sample may be required. (please bring the septic and soil sample approval with you to the zoning office, with the completed application)**
- 12. Permit fee is due, with submittal of application.**

*We are located in the Screven County Courthouse, suite 101.*

## **ZONING OFFICE Address & Contacts:**

Screven County Zoning Office  
216 Mims Road  
PO BOX 159  
Sylvania, GA 30467

Phone# 912-564-2951  
Fax# 912-564-5995

## **Randy Hagan**

*Zoning Administrator and Building Inspector*  
[zoning@planters.net](mailto:zoning@planters.net)

## **Michelle Jackson**

*Zoning Administrative Assistant*  
[Zone-sec@planters.net](mailto:Zone-sec@planters.net)

### **Inspections for Manufactured/Mobile Homes (new and used)**

1. Permit **MUST** be clearly posted on site and a **911 address** must be, **VISABLE** and located at the entrance of the property.
2. Inspection requests must be made by 4:00pm, on the day before, prior to inspection.
3. Requests may be called into the Zoning Office:(912) 564-2951 or emailed to Zone-sec@planters.net

Please include the following with the request:

- Permit Number
- Jobsite Address
- Inspection Needed
- Your name & Phone #

Please schedule the following inspections:

- ✓ **Pad** (Dirt Mound) Inspection
- ✓ **SET-UP** Inspection (*refer to the checklist, located in the application packet*)
- ✓ **FINAL- SKIRTING** (*Power will be released to electrical company, once this is approved by the inspector. A Certificate of Occupancy, will be issued, once complete*)

**DO NOT** cover up any work requiring an inspection until it is inspected and approved by building inspector.

**There will be a \$50 fee, for re-inspections.**

**My signature certifies that I reviewed and received a copy of this document.**

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature/date:

# Site Preparation

# Chapter 3

## 3-1 Access

To avoid damage and delays, proper access to the manufactured home site for the transporter and manufactured home should be prepared prior to moving the manufactured home to the site.

## 3-2 Drainage

**3-2.1** After removal of organic material, the manufactured home site should be graded, or otherwise prepared, to ensure adequate drainage. Manufactured home sites should be prepared so that there will be no depressions in which surface water may accumulate beneath the home.

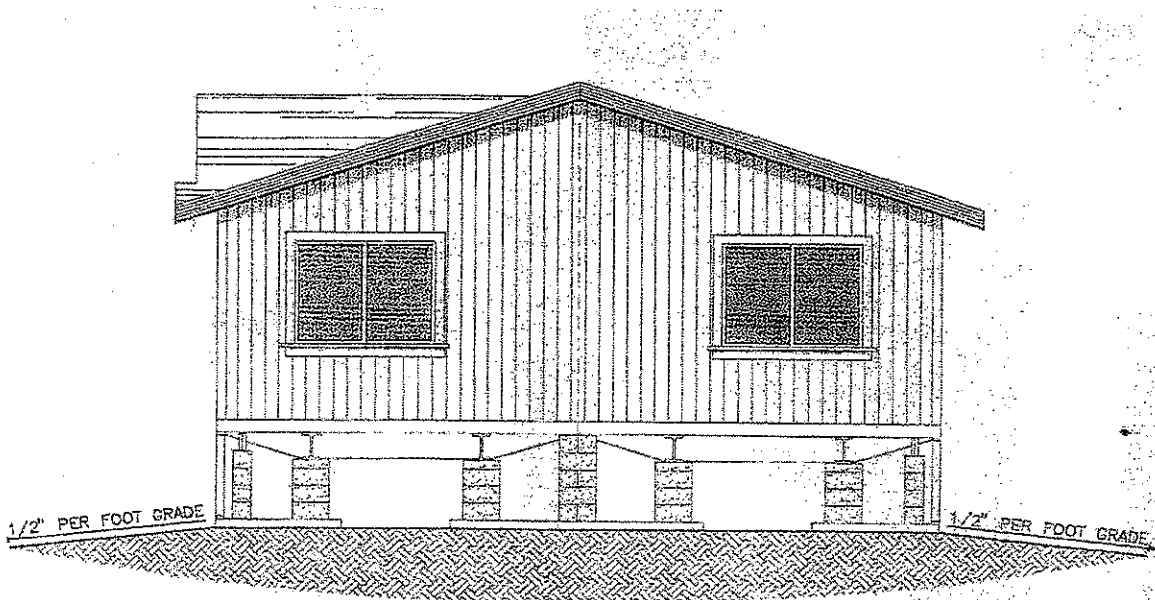
**3-2.2** The area of the site covered by the manufactured home should be graded, sloped, or designed to provide drainage from beneath the home to the property line. *See Figure 3-A*

**3-2.3** Drainage should be provided to direct water away from the manufactured home and to prevent water build-up under the home. Other methods, such as drain tile and automatic sump pump systems, may be used to remove any water that may collect under the manufactured home.

**3-2.4** All drainage should be diverted away from the manufactured home and should slope a minimum of one half inch per foot away from the foundation for the first 10 feet. Where property lines, walls, slopes, or other physical conditions prohibit this slope, the site should be provided with drains or swales, or otherwise graded to drain water away from the manufactured home.

**3-2.5** If rain gutters are installed on the manufactured home, downspouts should direct the runoff away from the home.

**3-2.6** The manufactured home should be protected from surface runoff from the surrounding area.



**Figure 3-A**

## MANUFACTURED HOME SET UP GUIDELINES

The following is a brief *summary* of what is required for the approved setup of a manufactured home. Screven County requires that M/H's be set up according to *Rules & Regulations for Manufactured Homes* section of *The Rules & Regulations of the Office of Safety Fire Commissioner, State of Georgia*. We strongly recommend that you get a licensed installer to set your home up. If you want to set it up yourself, the following is offered only to assist you in meeting the basic requirements. **This is not inclusive and other requirements may apply.**

### Installation:

Must be done by a Licensed installer. A homeowner can be the installer only if he will live in the home.

### Site:

1. Must meet minimum setbacks for zoning district.
2. The M/H should be situated so that no water can run under it. This may require some preparation of the site---fill dirt, runarounds, etc. (See illustration next page) **Note:** **Site prep should extend 3' past skirting on all sides of home.**
3. All organic matter (grass, roots, stumps, etc.) must be removed from under the M/H.
4. Footings must be on undisturbed soil or compacted fill.

(4-6 in mound)  
⊗ 3ft in addition to the diameter of the home

### PIERS:

1. Must be on concrete base 16" X 16" X 4" or approved ABS pads, which are at least 2" into the ground.
2. Corner piers, and any that are over 40" high, must be double-blocked, interlocked.
3. If the manufacturer's installation instructions are not available piers should be spaced evenly 8' apart, with the end piers within 24" of end of M/H.
4. Piers must be under *both* sides of doorways on sides of M/H.
5. Must use caps and wedges on top of piers. Cannot have more than 4" of wood on top.

### Tie-Downs:

1. Wrap strap completely around I-Beam: Start by placing hook on back of I-Beam on inside of top, coming across top, down outside of I-Beam, and come back over the strap on top. Then take the strap down to the ground at 40-50 degree angle. (See illustration)
2. Anchor head must be **within 1" of the ground**.
3. **Stabilizer plates** must be installed vertically to full depth behind each anchor rod according to manufacturer recommendations.

- Number of diagonal tie-downs: **should be in accordance with setup manual/probe test or use 50% more anchors.**

Length of Manufacture Home	Number of tie-downs needed per side.
0-40'	3
41'-60'	5
61'-84'	6

- If the M/H is equipped for *vertical tie-downs* (Zone II M/H), they *must* be installed.

Water Connections:

- All lines above ground must be insulated.
- Must have a back-flow valve installed at freshwater inlet.
- Must have a cut-off valve at the M/H **located outside skirting.**

Drain lines:

- Must drop at least 1/4" per foot.
- Must be supported every 4' (from above by hangers, not wire, or from beneath by blocking). **Wedges cannot be used to support drain lines.**
- Must not run above ground outside of M/H
- If ABS and PVC are used together transition cement that meets ASTM D 3138, Green in color, or approved coupler must be used. Schedule 40 pipe to be used.**

Electrical: Unless you, the homeowner, do the electrical connection, only a *licensed electrician* can do this work. We highly recommend that you get such a person to make these connections.

- The M/H must be connected by a 4-wire system. **The fourth wire must be color coded green.**
- The neutral buss in the disconnect box must be grounded to the box.
- All wiring outside of the box must be in conduit if above the ground, and conduit must extend 18' deep if run under ground.
- Bare and white wires **must be on separate busses.**
- Any wires in a box not connected to a breaker must be capped.
- Note: Keep in mind in placing your service pole that the power company will not run its lines *over* your home. You should talk with them first if you have any question about **where to locate your pole and what their requirements are.**
- The service wires must be appropriate for the type of service you are installing:

Service	Aluminum or Copper Clad Wiring	Copper Wire
200 Amp	4.0	2/0
175 Amp	3.0	1/0
150 Amp	2.0	#1
100 Amp	#2	#4

- Your disconnect box must be weather-proof (outside & inside covers), and the meter must be *directly grounded* to a ground rod. A lug for this ground wire should be in your meter can. **All knockouts shall remain in place or be sealed by breakers or clips.**
- Ground clamp on grounding rod must be approved for direct burial. (Acorn Clamp)**

Bottom Board: All holes or damage must be repaired. Bottom board patch material must be suitable and have life equivalent to the bottom board material itself.

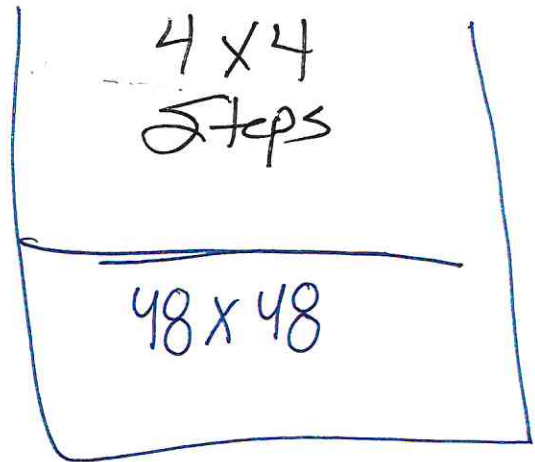
Access Door: Access opening(s) not less than 18 inches in any dimension and not less than 3 square feet in area shall be provided to allow for access and inspection of the home. Such access panel(s) or door(s) shall not be fastened in a manner requiring the use of special tool to remove or open same.

Egress windows must be free of Air Condition Units.

Landings: Landings should be at least 3X4 and have handrails

**NOTE:**

1. Wheels & axles must be removed.
2. Unless M/H is in a M/H Park, or the tongue is welded on, the tongue *must* be removed.
3. **THE M/H MUST PASS FINAL INSPECTION AND SKIRTED BEFORE POWER WILL BE APPROVED.**



## Pre-Owned Manufactured Home Minimum Standards

### DEFINITIONS:

Pre-owned Manufactured Home: Any manufactured home as defined in O.C.G.A. 8-2-131(3) that has been previously utilized as a residential dwelling.

### CONDITION

1. Exterior: All components of the exterior, including siding, windows and exterior doors, of the pre-owned manufactured home shall be aesthetically uniform in appearance and free of any condition that may hinder operation as originally intended or might admit moisture.
2. Roof: The roof of the pre-owned manufactured home shall be in sound condition with no obvious defects.
3. Interior: The flooring, interior walls and ceiling shall be in sound condition and appearance.
4. Egress Windows: Each bedroom of a pre-owned manufactured home shall have at least one operable escape window.
5. Ventilation: Bathrooms and kitchens without a window must have an operable ventilation device.
6. Smoke Detectors: Each pre-owned manufactured home shall contain one operable battery-operated smoke detector in each bedroom and in the kitchen area. The smoke detectors must be installed in accordance with the manufacturer's recommendations.

### UTILITIES

1. Sanitary Facilities: Each pre-owned manufactured home shall contain a kitchen sink. Each bathroom in the pre-owned manufactured home shall contain a lavatory and water closet; at least one bathroom shall contain a tub and/or shower facilities. Each of these fixtures shall be checked when properly connected to ensure they are in good working condition.
2. Electrical: The distribution panels of each pre-owned manufactured home shall be in compliance with the approved listing, complete with required breakers, with all unused openings covered with solid covers approved and listed for that purpose. Connections shall be checked for tightness. The electrical panels shall be accessible. All electrical switches, receptacles and fixtures shall be properly and securely installed.
3. Hot Water Supply: Each pre-owned manufactured home shall contain a water heater in safe and working condition.
4. Heating Source: Each pre-owned manufactured home shall have a safe central heating system in working condition. Un-vented heaters shall be prohibited.

### OCCUPANCY

1. No pre-owned manufactured home shall be occupied until the standards herein are met.
2. If a pre-owned manufactured home is sold "as is" for purposes of repair prior to occupancy, the sales agreement and/or contract shall specifically state that the purchaser understands and agrees that the home is not habitable in its present condition and that the purchaser agrees to bring the home into compliance with the standards specified herein.

In addition to the standards specified herein, all pre-owned manufactured homes must comply with all other applicable local and state laws and regulations.

**SET UP INSPECTION** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name \_\_\_\_\_ Size M/H \_\_\_\_\_ X \_\_\_\_\_

Address \_\_\_\_\_

Dealer/Installer: \_\_\_\_\_ Phone no. \_\_\_\_\_

**PIERS:** \_\_\_\_\_ Placement \_\_\_\_\_ Below frostline \_\_\_\_\_ Doubled on corners  
\_\_\_\_\_ Number \_\_\_\_\_ Caps & wedges \_\_\_\_\_ Under doors

Comments: \_\_\_\_\_

**TIE DOWNS:** \_\_\_\_\_ Number \_\_\_\_\_ Marriage line \_\_\_\_\_ Plates  
\_\_\_\_\_ Tension \_\_\_\_\_ Installed properly \_\_\_\_\_ Any missing?

Comments: \_\_\_\_\_

**WATER:** \_\_\_\_\_ Shutoff valve \_\_\_\_\_ Insulated \_\_\_\_\_ Crossover insulated  
\_\_\_\_\_ Backflow valve \_\_\_\_\_ Leaks

Comments: \_\_\_\_\_

**DRAINLINES:** \_\_\_\_\_ Angle \_\_\_\_\_ Septic hookup  
\_\_\_\_\_ Supports \_\_\_\_\_ Leaks

Comments: \_\_\_\_\_

**ELECTRICAL:** Disconnect box: \_\_\_\_\_ 4 wire system \_\_\_\_\_ Terminal grounded in box  
\_\_\_\_\_ Connections \_\_\_\_\_ Box weathertight  
\_\_\_\_\_ Wiring from box in conduit \_\_\_\_\_ Meter grounded

Inside panel: \_\_\_\_\_ Connections \_\_\_\_\_ Proper sized wiring  
\_\_\_\_\_ Bare & white not mixed

Underneath (D/W) \_\_\_\_\_ Crossover panel covered \_\_\_\_\_ Connecting ground wire  
\_\_\_\_\_ Wires capped

Comments: \_\_\_\_\_

**A/C UNIT:** \_\_\_\_\_ Pad for unit \_\_\_\_\_ Wiring in conduit  
\_\_\_\_\_ Lines off ground \_\_\_\_\_ Ducts off ground

Comments: \_\_\_\_\_

**SKIRTING/OTHER:** \_\_\_\_\_ Tongue, wheels removed \_\_\_\_\_ Skirting  
\_\_\_\_\_ Dryer vented to outside \_\_\_\_\_ Marriage line insulation  
\_\_\_\_\_ Dryer hose free  
\_\_\_\_\_ Landings  
\_\_\_\_\_ Landings size

Comments: \_\_\_\_\_



## SCREVEN COUNTY MANUFACTURED HOME SET-UP PUNCH LIST

PHONE NUMBER (912-564-2951) FAX NUMBER (912-564-5995)

NOTE: You have ten days to correct all punch list items or a citation may be issued.

HOMEOWNER \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ INSPECTOR \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_  
 HOUSE SIZE \_\_\_\_\_ HOME WIND ZONE \_\_\_\_\_  
 INSTALLER NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
 STATE PERMIT# \_\_\_\_\_ COUNTY PERMIT# \_\_\_\_\_  
 SOIL PROBE READING \_\_\_\_\_ ANCHOR SIZE REQ. \_\_\_\_\_

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Incorrect size anchor used</li> <li>2. Marriage line anchor size</li> <li>3. Anchors not 8" on center</li> <li>4. Anchors not within 24" ends</li> <li>5. Anchor straps not tight</li> <li>6. Stabilizer plates not installed</li> <li>7. Two longitudinal ties each end each section missing</li> <li>8. Radius clips not used to protect straps where necessary</li> <li>9. Footing not 2" below grade</li> <li>10. Beam footer not 4x16x16 solid concrete or equivalent</li> <li>11. Footer exterior side not 4x6x16 solid or equivalent</li> <li>12. Double piers not 24" from ends</li> <li>13. Piers not 6" on center</li> <li>14. Marriage line piers not within 24" from ends</li> <li>15. Marriage line piers over 20" apart</li> <li>16. Marriage line connections not 16" on center</li> <li>17. End wall connections not correct</li> <li>18. Piers not each side 6" openings along marriage line</li> <li>19. Piers not each side exterior openings</li> <li>20. Wall poly vapor barrier not installed</li> <li>21. Bottom Board damaged</li> <li>22. Back Flow not installed on house side of cut off valve</li> <li>23. Water cut off not installed at house</li> <li>24. Water lines not insulated</li> <li>25. Drain line not properly supported at 4'</li> </ol> | <ol style="list-style-type: none"> <li>26. Drain line slope not correct</li> <li>27. Incorrect glue used on drain line</li> <li>28. Incorrect fittings used on drain line</li> <li>29. AC duct not properly connected and sealed at bottom board</li> <li>30. AC duct not supported off ground</li> <li>31. AC condensate line not run to outside</li> <li>32. AC refrigerant lines not properly supported</li> <li>33. AC refrigerant line not properly insulated</li> <li>34. Disconnect not within 6' of ac unit</li> <li>35. Electrical bond not properly connected btwn frames</li> <li>36. Outside disconnect not properly wired for 4 wire system</li> <li>37. Meter can not properly grounded</li> <li>38. Outside disconnect box not grounded</li> <li>39. Inside disconnect box not properly wired for 4 wire system</li> <li>40. Inside disconnect box not grounded</li> <li>41. Landings not minimum 3"x4'</li> <li>42. Landings not placed level</li> <li>43. Pickets not 4" or less apart</li> <li>44. Landings blocking proper drainage</li> <li>45. Re-inspection fee \$30.00 yes no</li> <li>46. Call for re-inspection yes no</li> </ol> |
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Randy Hagan, Screven Co. Building Official

Notes:

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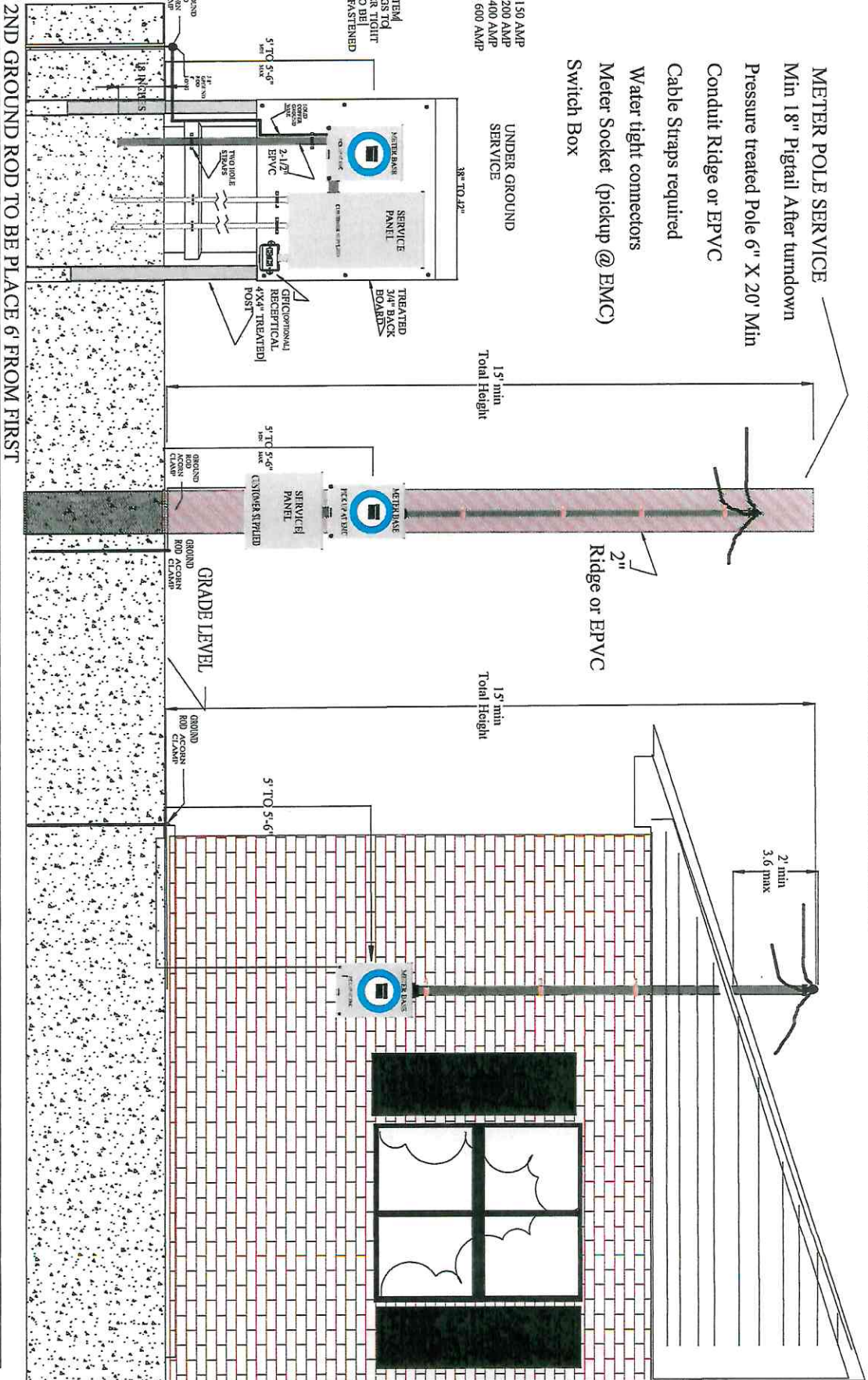
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# SCREENEN COUNTY ZONING DEPARTMENT

- METER POLE SERVICE
- Min 18" Pigtail After turndown
- Pressure treated Pole 6" X 20' Min
- Conduit Ridge or EPVC
- Cable Straps required
- Water tight connectors
- Meter Socket (pickup @ EMC)
- Switch Box

GROUND  
 #6 COPPER - 150 AMP  
 #4 COPPER - 200 AMP  
 #2 COPPER - 400 AMP  
 1/0 COPPER - 600 AMP

UNDER GROUND  
 SERVICE



NOTE: All-wiring requirements are subject to change and should conform to individual County Zoning Department for prior inspection.

# Andrea C. Waits

Tax Commissioner  
Screven County

P.O. Box 86  
Sylvania, Ga. 30467

Phone (912) 564-2206  
Fax (912) 564-7621  
Email: sctaxcomm@planters.net

I, \_\_\_\_\_ of \_\_\_\_\_, do certify that we will title  
(Dealer representative's name) (Company selling mobile home)

or file certificate of permanent location for the mobile home listed below in the Screven County Tax

Commissioner's office on or before the 45 days following the mobile home set up in Screven County or be

subject to a penalty for non-conformance if these terms are not met.

Name of person to which mobile home is to be titled: \_\_\_\_\_

Mobile Home Serial Number(s): \_\_\_\_\_

Mobile Home Year, Make & Model \_\_\_\_\_

I plan on:    **TITLING**    **FILING CERTIFICATE OF PERM LOCATION** (circle one)

## Company Contact information:

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

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

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

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

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

O.C.G.A. 48-5-264.1 mandates that the Tax Assessors office shall give reasonable notice to property owners and occupants before entering a property.

Filing of this document may create a review of the property by the County Assessors office. Reasonable notice is hereby provided that an onsite inspection by a member of the County appraisal staff may be required. Said property visit will be for the purpose of determining the correctness of the information contained in the County's appraisal record for the property.

MANUFACTURED HOME PLACEMENT PERMIT CHECKLIST SC 300

NEW RESIDENT: \_\_\_ SEPTIC TANK: EXISTING \_\_\_ (Must be uncovered for inspection) NEW \_\_\_

DATE: \_\_\_\_\_ IS THERE ANOTHER HOME ON THIS LOT? \_\_\_\_\_

M/H NEW      REPLACE M/H      WILL YOU BE CLEARING LAND? YES NO  
IF YES, HOW MUCH? \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

911 ADDRESS (NEW): \_\_\_\_\_  
911 Address must be posted and visible from the road with 4-6" numbers prior to any inspection

PROPERTY OWNER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ LOT NO.: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

-----  
LICENSED MANUFACTURED HOME DEALER/INSTALLER  
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YEAR/MODEL: \_\_\_\_\_ SIZE: \_\_\_\_\_ SQ. FT. \_\_\_\_\_  
ROOF TYPE: \_\_\_\_\_ SIDING: \_\_\_\_\_  
NUMBER OF BEDROOMS: \_\_\_\_\_ NUMBER OF PEOPLE: \_\_\_\_\_  
MECHANICAL ENGINEER: \_\_\_\_\_  
PLUMBER: \_\_\_\_\_  
ELECTRICIAN: \_\_\_\_\_

-----  
RECORDING INFORMATION:  
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ZONING DISTRICT: \_\_\_\_\_  
MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_ PRE-BILL REAL PROPERTY  
DB: \_\_\_\_\_ PAGE: \_\_\_\_\_  
PB: \_\_\_\_\_ PAGE: \_\_\_\_\_  
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I HAVE RECEIVED A COPY OF THE PROCEDURES FOR APPROVAL OF MANUFACTURED HOME PLACEMENT IN SCREVEN COUNTY. PERMIT EXPIRES 60 DAYS FROM DATE OF ISSUANCE. SET UP MUST BE COMPLETED WITHIN THE 60 DAY TIME PERIOD.

\_\_\_\_\_  
Signature of Applicant (s)      Date

To obtain a 911 ADDRESS:  
911 office #: 912-564-5868,  
Located at: 337 Rocky Ford Rd,  
Sylvania, GA 30467

STATE OF GEORGIA  
SCREVEN COUNTY

AFFIDAVIT  
OF OCCUPANCY

I, \_\_\_\_\_, do hereby affirm that I will not occupy or allow residence-located at \_\_\_\_\_, Screven County, Georgia until I have been given a Certificate of Occupancy or other such related final inspection and approval by the Screven County Building Inspections Department. I understand that use of the above referenced location prior to such Certification or final inspection is a violation of applicable State and local laws and may Subject me to applicable fines and penalties.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

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

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

(Seal)

STATE OF GEORGIA  
SCREVEN COUNTY

Permit No. \_\_\_\_\_

HOME OWNER PERMIT AFFIDAVIT  
NEW CONSTRUCTION/ RENOVATION

I \_\_\_\_\_ agree to accept full responsibility and liability for the work authorized by the issued permit. I agree to comply with all applicable building codes and request the required inspections. I understand that as the homeowner I am to reside at the residence for which the permit is issued.

\_\_\_\_\_  
Signature of Applicant

**LAND OWNER AFFIDAVIT**

Under oath and penalty of perjury, I (we) \_\_\_\_\_  
represent to the Screven County Planning Commission that I (we) am/are the owner(s) of the tract of land  
described as: (complete legal description not required)  
\_\_\_\_\_

I (We) have complete authority and all powers associated with the fee simple ownership of this land. I  
(We) am/are allowing \_\_\_\_\_ to place a manufactured home  
on the above said property. I (we) further represent that this is the only such conveyance to \_\_\_\_\_  
\_\_\_\_\_, under the provisions of the Screven County Land  
Development Ordinance, 97-08.

Sworn and subscribed this \_\_\_\_\_ day of \_\_\_\_\_.

<u>Name</u>	<u>Address</u>
_____ (Sign here)	_____
_____	_____

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
My Commission expires \_\_\_\_\_

\_\_\_\_\_  
.....  
(SEAL)



**SCREVEN COUNTY PLANNING & ZONING DEPARTMENT**  
**P. O. BOX 159 SYLVANIA, GA., 30467 912-564-2951**

**SET-BACK REQUIREMENTS**

If you are replacing an existing home, the new home can be no closer to front property line than the one, which it replaces.

These setbacks apply to all new structures on the property, not just the primary building.

		<u>R-1</u>	<u>R-2</u>	<u>AG-3</u>
FRONT:	Arterial Street	80'	80'	100'
	Collector Street	60'	60'	100'
	Local Street	40'	40'	100'
SIDE:	Arterial Street	40'	40'	30'
	Collector Street	30'	30'	30'
	Local Street	20'	20'	30'
REAR:	Arterial Street	20'	20'	50'
	Collector Street	10'	10'	50'
	Local Street	10'	10'	50'

If you are placing an accessory building on your property it must be no closer than 12' from the residential structure and located in the rear or side of the residential structure.

If your lot is a substandard lot and you cannot meet the above listed setbacks the Zoning Administrator will work with you to establish workable dimensions and record them below.

FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_

I have read and agree to the above setbacks.

2

Signature \_\_\_\_\_

Date \_\_\_\_\_



**MANUFACTURED HOME INSTALLER**

Installer Affidavit

Screven County, Georgia

**NOTICE: AFFIDAVITS MUST BE AN ORIGINAL, NOTARIZED DOCUMENT SIGNED BY THE LICENSED INSTALLER. THIS AFFIDAVIT IS TO BE SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT WHEN APPLYING FOR BUILDING PERMIT. A PERMIT IS REQUIRED FOR ANY PLUMBING WORK OTHER THAN AN ORDINARY REPAIR. IN THE CASE OF AN EMERGENCY SITUATION (i.e. hot water heater failure, etc.) A PERMIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.**

BUILDING PERMIT #: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
JOB SITE ADDRESS: \_\_\_\_\_  
MAKE AND MODEL: \_\_\_\_\_  
SERIAL NUMBER: \_\_\_\_\_

**THIS AFFIDAVIT CERTIFIES THAT INSTALLATION OF THE MANUFACTURED HOME REFERENCED ABOVE WILL BE INSTALLED IN ACCORDANCE WITH GEORGIA'S MODEL MANUFACTURED HOME INSTALLATION GUIDELINES. INCLUDING ALL REQUIRED ACTIVITIES AS OUTLINED IN PART 3285 OF THE CODE OF FEDERAL REGULATIONS.**

**THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT THE UNDERSIGNED IS LICENSED MANUFACTURED HOME INSTALLER IN THE STATE OF GA. IN THE EVENT OF ANY CHANGE IN THE STATUS OR INVOLVEMENT WITH THIS PERMIT, THE UNDERSIGNED IS CONSIDERED RESPONSIBLE UNTIL SCREVEN COUNTY BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE IN JOB RESPONSIBILITIES. UNDERSIGNED IS ALSO RESPONSIBLE FOR NOTIFYING SCREVEN COUNTY BUILDING DEPARTMENT IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE'S INDUSTRY LICENSING BOARD AFFECTING THE INSTALLER'S LICENSE.**

INSTALLER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS LICENSE NUMBER AND COUNTY ISSUING: \_\_\_\_\_

STATE LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PLEASE PRINT NAME OF CARD HOLDER: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

NOTARY SIGNATURE & SEAL: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**ELECTRICAL  
Sub-Contractor Affidavit**

**NOTICE: SUB-CONTRACTOR AFFIDAVITS MUST BE AN ORIGINAL, NOTARIZED DOCUMENT SIGNED BY THE LICENSED CONTRACTOR. THIS AFFIDAVIT IS TO BE SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT WHEN APPLYING FOR BUILDING PERMITS. A PERMIT IS REQUIRED FOR ANY ELECTRICAL INSTALLATION OTHER THAN AN ORDINARY REPAIR. IN THE CASE OF AN EMERGENCY SITUATION (affecting the health, safety and welfare of the occupant) A PERMIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.**

**BUILDING PERMIT#** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

**THIS AFFIDAVIT CERTIFIES THAT THE ELECTRICAL INSTALLATION WILL BE INSTALLED TO THE REQUIREMENTS OF THE 2011 NATIONAL ELECTRICAL CODE AS AMENDED BY THE STATE OF GA.**

Please indicate applicable state GA license:

\_\_\_\_\_ **ELECTRICAL CONTRACTOR, CLASS I (restricted to single phase, not to exceed 400 amps)**

\_\_\_\_\_ **ELECTRICAL CONTRACTOR, CLASS II (Unrestricted)**

**THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT I AM A GA STATE LICENSED ELECTRICAL CONTRACTOR. IN THE EVENT OF ANY CHANGE IN THE STATUS OR INVOLVEMENT WITH THIS PERMIT, THE UNDERSIGNED IS CONSIDERED RESPONSIBLE UNTIL SCREVEN COUNTY BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE IN JOB RESPONSIBILITIES. SUB-CONTRACTOR IS ALSO RESPONSIBLE FOR NOTIFYING SCREVEN COUNTY BUILDING DEPARTMENT IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE CONSTRUCTION INDUSTRY LICENSING BOARD AFFECTING THE ELECTRICAL CONTRACTOR'S LICENSE.**

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **BUSINESSPHONE:** \_\_\_\_\_

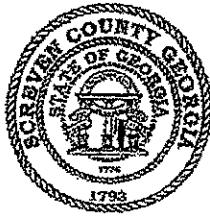
**BUSINESS LICENSE # AND COUNTY ISSUING:** \_\_\_\_\_

**STATE LICENSE #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PRINTED NAME ON CARD:** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_

**NOTARY SIGNATURE/SEAL:** \_\_\_\_\_



**PLUMBING  
Sub-Contractor Affidavit**

**NOTICE: SUB-CONTRACTOR AFFIDAVITS MUST BE AN ORIGINAL, NOTARIZED DOCUMENT SIGNED BY THE LICENSED CONTRACTOR. THIS AFFIDAVIT IS TO BE SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT WHEN APPLYING FOR BUILDING PERMITS. A PERMIT IS REQUIRED FOR ANY PLUMBING WORK OTHER THAN AN ORDINARY REPAIR. IN THE CASE OF AN EMERGENCY SITUATION (i.e. hot water heater failure, etc.) A PERMIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.**

**BUILDING PERMIT#** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

**THIS AFFIDAVIT CERTIFIES THAT THE PLUMBING INSTALLATION WILL BE INSTALLED TO THE REQUIREMENTS OF THE 2018 EDITION OF THE INTERNATIONAL PLUMBING CODE AS AMENDED INCLUDING REQUIREMENTS FOR TESTING AS OUTLINED IN SECTION 312 AND REQUIREMENTS FOR PURGING/DISINFECTING AS REQUIRED IN SECTION 602 OF THE 2006 IPC.**

Please indicate applicable state GA license:

\_\_\_\_\_ **MASTER PLUMBER, CLASS I (RESTRICTED TO SINGLE FAMILY, LEVEL 1 DUPLEX AND COMM STRUCTURES NOT TO EXCEED 10,000 SQ.FT.)**

\_\_\_\_\_ **MASTER PLUMBER, CLASS II (Unrestricted)**

**THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT THE UNDERSIGNED IS A LICENSED PLUMBER IN THE STATE OF GA. IN THE EVENT OF ANY CHANGE IN THE STATUS OR INVOLVEMENT WITH THIS PERMIT, THE UNDERSIGNED IS CONSIDERED RESPONSIBLE UNTIL SCREVEN COUNTY BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE IN JOB RESPONSIBILITIES. SUB-CONTRACTOR IS ALSO RESPONSIBLE FOR NOTIFYING SCREVEN COUNTY BUILDING DEPARTMENT IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE CONSTRUCTION LICENSING BOARD AFFECTING THE PLUMBER'S LICENSE.**

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **BUSINESSPHONE** \_\_\_\_\_

**BUSINESS LICENSE # AND COUNTY ISSUING:** \_\_\_\_\_

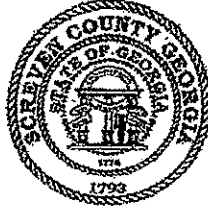
**STATE LICENSE #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PRINTED NAME ON CARD:** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_

**NOTARY**

**SIGNATURE/SEAL:** \_\_\_\_\_



**MECHANICAL  
Sub-Contractor Affidavit**

**NOTICE: SUB-CONTRACTOR AFFIDAVITS MUST BE AN ORIGINAL, NOTARIZED DOCUMENT SIGNED BY THE LICENSED CONTRACTOR. THIS AFFIDAVIT IS TO BE SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT WHEN APPLYING FOR BUILDING PERMITS. A PERMIT IS REQUIRED FOR ANY HVAC INSTALLATION OTHER THAN AN ORDINARY REPAIR. IN THE CASE OF AN EMERGENCY SITUATION (affecting the health, safety, and welfare of the occupant) A PERMIT FOR REPLACEMENT UNIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.**

**BUILDING PERMIT#** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

**JOB SITE ADDRESS:** \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

**THIS AFFIDAVIT CERTIFIES THAT THE HVAC INSTALLATION WILL BE INSTALLED TO THE REQUIREMENTS OF THE 2018 IRC FOR RESIDENTIAL APPLICATION & 2018 IMC & IFGC FOR COMMERCIAL PROJECTS. PLEASE NOTE THAT THE AFOREMENTIONED CODES HAVE BEEN AMENDED BY THE STATE OF GA AND STATE AMENDMENTS ARE APPLICABLE.**

Please indicate applicable state GA license:

\_\_\_\_\_ **CONDITIONED AIR CONTRACTOR, CLASS I (Restricted to 60,000 BTU cooling and 175,000 BTU heating)**

\_\_\_\_\_ **CONDITIONED AIR CONTRACTOR, CLASS II (Unrestricted)**

**THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT I AM A GA STATE LICENSED AIR CONDITIONED CONTRACTOR. IN THE EVENT OF ANY CHANGE IN THE STATUS OR INVOLVEMENT WITH THIS PERMIT, THE UNDERSIGNED IS CONSIDERED RESPONSIBLE UNTIL SCREVEN COUNTY BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE IN JOB RESPONSIBILITIES. SUB-CONTRACTOR IS ALSO RESPONSIBLE FOR NOTIFYING SCREVEN COUNTY BUILDING DEPARTMENT IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE CONSTRUCTION INDUSTRY LICENSING BOARD AFFECTING THE AIR CONDITIONED CONTRACTOR'S LICENSE.**

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **BUSINESSPHONE** \_\_\_\_\_

**BUSINESS LICENSE # AND COUNTY ISSUING:** \_\_\_\_\_

**STATE LICENSE #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PRINTED NAME ON CARD:** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_

**NOTARY**

**SIGNATURE/SEAL:** \_\_\_\_\_