



City of Covington

ACCESSORY STRUCTURE PERMIT APPLICATION

Date Received: _____

Received By: _____

Permit No.: _____

Invoice No.: _____

PLEASE COMPLETE THE FOLLOWING:

I. LOCATION INFORMATION:

Project Address: _____

Tax ID: _____ Parcel Size (Acres): _____

Zoning District: _____

Description of Accessory Structure: _____

Cost of Accessory Structure: _____

Total Square Footage of Accessory Structure: _____

Total Square Footage of Principle Structure: _____

Building Height: _____

Are There Other Accessory Structures On Site? yes no If So, How Many: _____

Will Electricity be Provided to the Accessory Structure? yes no If So, How Many Amps: _____

Is the property located within a historic district? yes no
If yes, applicant must also submit proof of a Certificate of Appropriateness.

II. APPLICANT INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

Applicant is: Property Owner General Contractor Other _____

III. REQUIREMENTS:

1 site plan drawn to scale showing the proposed location of the accessory structure with distances from property lines and other existing structures on the site

1 brochure or elevation drawings of the accessory structure

1 separate set of construction plans if stick built on site

Signed affidavit.

Application fee of \$25.00



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IV. CONTRACTOR INFORMATION:

Contractor Business Name: _____

Qualifying Agent Name: _____

State License Number: _____ Expiration Date: _____

License Type: General Contractor General Contractor-limited tier Residential Basic
 Residential/Light Commercial

Address: _____

Phone: _____ Email: _____

Primary Contact for Project: _____ Phone: _____

VI. GEORGIA LICENSED SUBCONTRACTOR INFORMATION:

Electrical Contractor

Business Name: _____ Contact Name: _____

State Card number: _____ Expiration Date: _____

Phone: _____ Email: _____

I do hereby certify that I am responsible for each required licensed subcontractor to hold a current Georgia subcontractor license and local business license where the business is located from. It is my sole responsibility to notify the City of Covington Planning and Zoning Department in writing of any change in the status of myself as the contractor or any subcontractor performing work listed on this page. Any false information or representation will be prosecuted under all applicable laws and ordinances.

General Contractor: _____ Date: _____

Sworn to and subscribed before me on this _____ day of _____, 20____

Notary: _____

Notary Seal



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VII. PROPERTY OWNER AFFIDAVIT:

I, _____, the owner of the subject property identified in this

application, do hereby authorize _____ to act on my behalf in all matters pertaining to the processing and approval of this application, including modifying the project accordingly to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative. If this relationship changes at any time prior to the completion of this project, it is my sole responsibility to notify the City of Covington Planning and Zoning Department of said change in writing.

Name of Property Owner(s): _____

Mailing Address: _____

Phone: _____ Email: _____

Signature of Owner: _____ Date: _____

Sworn to and subscribed before me on this _____ day of _____, 20____

Notary: _____

Notary Seal

NO PERMIT WILL BE ISSUED UNTIL THE PROPERTY OWNER AFFADAVIT IS SIGNED

NO INSPECTION WILL BE PERFORMED UNTIL THE SUBCONTRACTOR AFFIDAVIT IS COMPLETED AND ON FILE.



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**** FOR OFFICIAL USE ONLY ****

PLANNING AND ZONING		File #	Fee Received: <input type="checkbox"/>
<input type="checkbox"/> Approved _____	<input type="checkbox"/> Approved with remarks	Is this property located within Covington's Historic District? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
<input type="checkbox"/> Denied _____			