LICENSING & PERMITTING DIVISION
1117 WEST AVENUE, CONYERS, GA 30012
(770) 278-7100

TELECOMMUNICATIONS PERMIT

Fee: New Tower: $3,000; Co-location/Antenna: $750

SUBMIT ON OR BEFORE FRIDAY:

- ☐ One (1) hard copy of STRUCTURAL / ARCHITECTURAL PLANS
- ☐ One (1) digital set of STRUCTURAL / ARCHITECTURAL PLANS – PDF Format

  *Plans (including MEP's) require a seal by an architect or engineer.
- ☐ One (1) copy of the SITE / PARKING PLAN for exterior improvements (N/A if under an LDP)
- ☐ Permit fee
- ☐ Permit application

STRUCTURAL AND ARCHITECTURAL PLANS:
Must include the following: *(Check when complete)*

- ☐ Compliance with International Building Code, 2018 Edition, 2020 NEC
- ☐ Manufacturer Specifications on building(s) and equipment
- ☐ Owner name, address, phone number, email address
- ☐ Name and phone number of 24-hour contact for project
- ☐ Tax Parcel ID#
- ☐ Location map of property
- ☐ Physical address of property
- ☐ Use of building type of occupancy
- ☐ Gross floor area
- ☐ Zoning of property and conditions, if applicable

The department reserves the right to request additional information.

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TELECOMMUNICATIONS PERMIT APPLICATION

PROPERTY INFORMATION:

Address of project: _____Parcel:_____
Name of business (existing or proposed): _____
Name of property owner: _____
Current address: _____ City, State & Zip: _____
Phone: _____ Email: _____

CONTRACTOR INFORMATION:

Name of company: _____
Name of main contact: _____
Address: _____ City, State & Zip: _____
Phone: _____Email: _____

PROPOSED STRUCTURE:

Description of proposed use: _____

Check one: ☐Addition ☐ Repair

Number of antennas : _____ Number of Generators: _____

New Tower: _____ Total square footage: _____

Utility Provider: _____
☐ Walton EMC ☐ GA Power ☐ Snapping Shoals

Estimate cost of project: $ _____

Signature of Applicant: _____
Print Name: _____
Date: _____

SUB-CONTRACTOR AFFIDAVIT

(State card required)

Copies of State Cards business licenses and Driver's Licenses are required *before* inspection work is performed.

Master permit number: _____ Date issued: _____

Address of project: _____

Contractor or owner: _____

ELECTRICAL CONTRACTOR: ☐ Restricted ☐ Non-restricted

Company or contractor: _____

Address: _____

Phone: _____

State card No.: _____ County business license No.: _____

Cardholder signature: _____

MASTER PLUMBER: ☐ Restricted ☐ Non-restricted

Company or contractor: _____

Address: _____

Phone: _____

State card No.: _____ County business license No.: _____

Cardholder signature: _____

CONDITIONED AIR: ☐ Restricted ☐ Non-restricted

Company or contractor: _____

Address: _____

Phone: _____

State card No.: _____ County business license No.: _____

Cardholder signature: _____

LOW-VOLTAGE: ☐ Restricted ☐ Non-restricted

Company or contractor:_____

Address: _____

Phone: _____

State card No.: _____ County business license No.: _____

Cardholder signature: _____

I do understand that I am responsible for each required licensed contractor to obtain a business license in Rockdale County. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master Permit Holder Signature:_____ Date: _____