



City of South Fulton
Department Community Development Services
City of South Fulton Government Service Center
5440 Fulton Industrial Boulevard
Atlanta, GA 30336

www.cityofsouthfultonga.gov

Date: _____

Admin. Permit #: _____

Building Permit #: _____

24 HR Contact #: _____

**ADMINISTRATIVE PERMIT APPLICATION FORM # 3:
CLUBHOUSE/GOLF COURSE/RAIL STATION/POOL/TEMPORARY STRUCTURES/TEMPORARY
USE OF DWELLING DURING CONSTRUCTION; AND/OR: VET CLINIC OR HOSPITAL: \$50 FEE**

(Note: All Applications will include a \$25.00 Processing Fee)

Site/Project Information:

Site Address: _____ City: _____ Zip Code: _____

Owner Information:

Name: _____ E-Mail Address: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Contractor/Lessee/Operator's Information:

Business Name: _____ E-Mail Address: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ Fax #: _____

Business License #: _____ City/County of Issuance: _____

Agent Name: _____

Note: For any site/address having had an Administrative Permit within the last 15-months provide a separate sheet listing the permit number, location, name of owner and type of business conducted for each.

APPLICANT'S CERTIFICATION AFFIDAVIT & SIGNATURE:

Applicant: _____ Address: _____

Name of Business: _____

Show Compliance to Article 19.3: _____ Name of Use: _____

I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing City of South Fulton.

Applicant Signature: _____ Sworn &

Attested before me this: _____ day of: _____ 20_____

Notary Public: _____

CHECKLIST INSTRUCTIONS FOR STAFF AND APPLICANT

ADMINISTRATIVE PERMIT # _____

- _____ 1). Completed Application Form and Applicant's Affidavit Signed and Notarized
- _____ 2). Two (2) Site Plans @ 11" X 17" in size
- _____ 3). Property Owner shall equal Owner in GIS = Owner Affidavit
- _____ 4). Health Department Approval is Required for a Pool

Processed By: _____

Date: _____

Approved: _____

Date: _____

Please Note:

- Permit must be displayed in such a manner as to be readable from the Street
- Please note carefully the requirements from the City of South Fulton Zoning Resolution for these uses.
- Note time limitations, hours of operations, buffers, landscaping, setbacks, height restrictions, fencing, pedestrian safety, sign restrictions, to name a few.