

Carroll County Department of Community Development

423 College Street P.O. Box 338

Carrollton, GA 30117 (770) 830-5861

APPLICATION FOR TEMPORARY OUTDOOR DISPLAY PERMIT (TODP)

Procedures:

- 1. Take the **Parcel Information Sheet** to the Map Room (#414 in the Administration Building) to be filled out.
- 2. Complete the application and submit a copy of the Occupational Tax Certificate, and appropriate fees, to Community Development for review. The *Sketch of Property* sheet should show the location of the outdoor display, buildings, property lines, proposed setbacks, and a North Arrow.
- 3. Staff will review the application and determine if it is complete. A decision will be made within three days of the submission of a complete application.
- 4. The applicant will be notified of the staff's decision.
- 5. If approved, the applicant is responsible for posting the TODP card in a visible location until the event has expired

Applicant Name:				
Address:		Ph	one: (
City:	State:	Zip:		
Property Owner (if different	from applicant):			
Phone: ()				
	natures of the applicant and norization of Property Owner			cholders are required. Please m applicant.
Proposed Location/ Address	:			
City:	State:	Zip:		
Product(s):				
Total Floor Area of Busines	s: llay:	sq. ft.	exceed 15%	: Total temporary display area may not of the gross floor area of the retail business Il in which the display is to be located.
	zes that temporary outdoor di		y related to	the primary business on the
	zes that the temporary permit year. YES NO			days and they are limited to six
Setback Requirements: Th	e outdoor display must be set	back a minimum of 5	feet from	the public right-of-way.
STAFF USE ONLY Commercial Zoning: YE: Percentage:		e requirements of the	TODP:	☐ YES ☐NO
Signature:			Dat	te



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AFFIDAVIT FOR A TEMPORARY OUTDOOR DISPLAY PERMIT (TODP)

officer, duly authorized to administer oaths in the State of Georgia and, having be statements for the purpose of being granted approval for a Temporary Outdoor ordinances of Carroll County.	
The information contained within the application attached hereto and filed in the Community Development consist of facts within my personal knowledge that I kn relied upon by officials of Carroll County in making a decision whether to issue to other Department approval.	now are true and correct, and will be
On behalf of the Applicant, I declare that the Applicant, regardless if a partnersh entity that is receiving a benefit under this Application, License, Permit, or other applicable) is not delinquent in the payment of any taxes or fees due Carroll Court	Department approval (whichever is
FURTHER AFFIANT SAYETH NOT. I declare under penalty of false swearing that the above is true and correct. This day of	If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address.
AFFIANT (signature) Personal Address:	Entity:Address:
Notary Sworn to and subscribed before me on this day of Signature: My Commission Expires:	Seal:



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PARCEL INFORMATION SHEET APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #414

		o be fined out by Ma	<u> </u>	<u> </u>	or iii itooiii /	/ I A I		
DEPARTMENT STAI	FF/MAP ROO	M OFFICIAL:						
MAP:				ND LOT:				
PARCEL:			DISTRICT:					
CURRENT PROPERT	Y OWNER:				•			
PROPERTY OWNER	AS OF JANU	ARY 1 ST :						
APPLICANT (IF DIFF	ERENT FROM	M OWNER):						
PROJECT ADDRESS:								
CITY:								
TELEPHONE NUMBI	ER:							
SUBDIVISION:		<u> </u>	LOT #:					
ACREAGE:			PARCEL SPLIT FROM:					
CURRENT ZONING	CLASSIFIC	ATION						
	FRONT							
REQUIRED SETBACKS				SIDE				
CEDTIFICATE OF 7	ONING CON	ADLIANCE CHECK	T TOT	REAR				
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST Owner(s) & Agent (if applicable) Legal Description or Adequate Description of Property Complete Inventory of Existing Structures (noting uses & non-conforming structures) Complete Inventory of Proposed Structures								
Complete Inventor Applicant's Certi		Uses and/or Activities						
Аррисан з сен	neation							
Signature of County Pla Comments:	anner or Desig	nee:			Date:			_
CDP COMPLIANCE	☐ YES ☐ NO	Signature of CDP Administrator or Designee: Date: Comments:						
PLAT APPROVED	☐ YES ☐ NO	Signature of County Engineer or Designee: Date:						
APPROVED FOR NEW ADDRESS	☐ YES ☐ NO	Signature of County Planner or Designee: Date: Comments:						



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GEORGIA	P.O. Box 338	(770) 830-5861
	SKETCH OF PRO	OPERTY
Please check: COMMER	CIAL O	OTHER:
 Show the dimensions of the The front setback shall alway Show location of any wells 	e lot and all setbacks from the hays be measured from the center, trash pits, and all easements (d	ray, septic tank location, and all other structures. house and other structures to all property lines. erline of the frontage road(s). drainage or utility) located on the property. within 200 feet of a stream or lake, please note.
Provide a complete listing of all exi	sting structures that are now on	n the property:
		e, must be at least 1,230 sf unless expressly approve
Is this a multiple road frontage lot?		
Sket	ch of I	Property