

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana Njoku

**Special Administrative Permit (SAP)
TEMPORARY BUILDING**

Address of Subject Property: _____

(If no address): District: _____ Land Lot: _____ Block: _____ Parcel: _____

Applicant Name: _____

Daytime Telephone No.: _____ E-mail: _____

Permit Duration Requested: (From) ____/____/____ (To) ____/____/____ Total # Days: _____

(From) ____/____/____ (To) ____/____/____ Total # Days: _____

(From) ____/____/____ (To) ____/____/____ Total # Days: _____

Type of Temporary Building authorized in associated with other DeKalb County Ordinances (i.e., Chapters 7, 14 and etc.):

Caretaker's residence in an industrial district.

Sales office for a subdivision currently under development.

Temporary building used in conjunction with construction work or pending completion of a permanent building for a period concurrent with an approved land disturbance and building permit.

I, agree to abide by the requirements of Art.4.3.7 of the code.

Applicant Signature Date

SECTION BELOW TO BE COMPLETED BY OFFICE

Zoning Classification: _____

The proposed temporary building is allowed as per Section 27. 4.3.7 _____.

(From) ____/____/____ (To) ____/____/____ Total # Days: _____

(From) ____/____/____ (To) ____/____/____ Total # Days: _____

Staff Signature for approval Date

DEPARTMENT OF PLANNING & SUSTAINABILITY

AUTHORIZATION

The property owner should complete this form or a similar signed and notarized form if the individual who will file the application with the County is not the property owner.

Date: _____

TO WHOM IT MAY CONCERN:

(I), (WE), _____
Name of Owner(s)

being (owner) (owners) of the subject property described below or attached hereby delegate authority to

Name of Applicant or Representative

to file an application on (my), (our) behalf.

Notary Public Owner

Notary Public Owner

Notary Public Owner

Notary Public Owner