

**CITY OF CUMMING
PLANNING & ZONING DEPARTMENT
100 MAIN STREET
CUMMING, GEORGIA 30040
(770) 781-2024 FAX (770) 781-2029**

**** PERMIT APPLICATION FOR MOBILE OR TEMPORARY OFFICE ****

Permit No: _____

Permit Fee: \$75.00

Project Name: _____

Project Address: _____

_____ Phone: _____

Description of property on which temporary mobile office is to be placed.

Tax Map: _____ Parcel: _____ Size of Lot or Track: _____

Applicant Name: _____ Address: _____

Property Owner: _____

Address: _____

Name (Make) of mobile office: _____

Year: _____ Width: _____ Length: _____

Septic Tank Sanitary Sewer

Utility Service: Sawnee EMC Georgia Power Other

Applicant Signature: _____

Issued by: _____ Date: _____

PERMIT EXPIRES SIX MONTHS FROM ISSUE DATE

PERMIT EXPIRES: _____

Permit shall be temporary but renewable once after a period of six (6) months. Renewal must be done prior to expiration.