



# TOWN OF BROOKS

961 Hwy 85 Connector, PO Box 96  
Brooks, GA 30205  
Phone: 770-719-7666

## SIX-MONTH TEMPORARY OFFICE/STORAGE TRAILER APPLICATION

Note: An incomplete application will not be reviewed.

What we need to review your application, please print, or type.

1. Proof of Ownership or Certification of Owner's Consent
2. Owner's name and address: \_\_\_\_\_
3. Applicant's name and address: \_\_\_\_\_
4. Applicant's telephone number and email address: \_\_\_\_\_
5. Site Plan 2 copies, showing the proposed trailer, other buildings, or structures if any on the property, and all setbacks as per current Town of Brooks regulations.
6. Date of application: \_\_\_\_\_
7. Non-refundable permit fee of \$50.00

I certify that I have read this application or declined the opportunity to do so and state that the information provided is correct. I agree to comply with all Town of Brooks ordinances, Fayette County, and state laws relating to building construction and hereby authorize representatives of the Fayette County Building Department to enter the above-mentioned property for inspection purposes. I certify that I have a legal right to apply for the permit and to authorize entry. Additionally, I certify that this application is not in conflict with any deed restrictions of record; is in conformity with all conditions, covenants, and restrictions; and I have received all approvals required.

Once this application has been approved by the Town of Brooks, a permit must be obtained from the Fayette County Building Department, 140 Stonewall Avenue West, Suite 201, Fayetteville, GA 30214. They will need a copy of this form.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_

Printed: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for denial, if applicable: \_\_\_\_\_

Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maurice Ungaro