



LAND DISTURBANCE PERMIT APPLICATION

Date of Application: _____ Permit # _____

Check Applicable Type: Residential ☐ Yes ☐ No Non-residential ☐ Yes ☐ No

Plan Review: 1st _____ 2nd _____ Final _____ Submitted to State _____

Permit Effective Date: _____

**PERMIT EXPIRES UPON SIXTY CONSECUTIVE DAYS OF CONSTRUCTION INACTIVITY
HOURS OF OPERATION SHALL BE 7:00 AM TO 10:00 PM.
PERMIT SHALL BE KEPT ONSITE.
CITY ENGINEER TO BE NOTIFIED 72 HOURS PRIOR TO LAND DISTURBING ACTIVITIES.**

Owner: _____ Business Telephone: _____
(Full Name)

24-Hour Contact: _____

Address / Parcel ID: _____

Project Name: _____

Project Summary/Scope of Work:

Plan Prepared By: _____

Location: District _____ Land Lot _____ (Tax Map) Square _____ Unit Number _____

Disturbed Acreage: _____

Total Impervious Area(Sq. Ft.): _____

Percentage of Impervious Area: _____

Which of the following apply to the project and have they been addressed?

Has a Stormwater Report been submitted? ☐ Yes ☐ No

Does the property lie within the 100-Year
Flood Plain per FIRM? ☐ Yes ☐ No

Will there be grading in the floodplain? ☐ Yes ☐ No

Copy of State DNR Application? ☐ Yes ☐ No

Where plans submitted to GASWCC if
land disturbance is more than 1 acre? ☐ Yes ☐ No

Does the Property front on GDOT R-O-W? ☐ Yes ☐ No If yes, submit to GDOT

