



CITY OF DAHLONEGA

APPLICATION FOR LAND-DISTURBING PERMIT

Project File #: _____

Date of Application: _____

Permit Effective Date: _____

Permit Expires: _____

Applicant: _____
(Full Name) (Business Phone #)

(Address)

Landowner: _____
(Full Name) (Business Phone #)

(Address)

Plan prepared by: _____

Project: _____
(Name and Description)

Location: _____

Tax Map: _____ Parcel: _____ Area = _____ sq. ft.

I, _____ hereby certify that I fully understand
(Signature)

the provisions of the City of Dahlonega's Erosion, Sedimentation and Pollution Control Ordinance and Program, and that I accept responsibility for carrying out the Erosion, Sedimentation and Pollution Control Plan for the above referenced project as approved by the City.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of the City of Dahlonega for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Approved

(Local Program Administrator) (Date)

(Director of Community Development) (Date)