

CODE DEPARTMENT LAND DISTURBANCE PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@monroega.gov
OFFICE PERMITTING HOURS: 8:00 a.m. - 4:00 p.m.

Project Name:					
Project Address: _					
City:		State:		Zip Code:	
Project Type: Resi	dential 🗌	Commercial	Parcel #:		
Permit Type: Cleari	ng Clear	ring & Grubbing	Grading	Development	Soil Erosion
24 Hour Contact N	ame:				
Phone - Office:			_ Cell:		
Applicant Name:					
Applicant Address: _					
City:		State:		Zip Code:	
Phone - Office:			_ Cell:		
Email:					
General Contracto	r Name:				
Contractor Address:					
City:		State:		Zip Code:	
Phone - Office:			_ Cell:		
Property Owner:					
Total Disturbed Acre	age:	Va	alue of Storm	water Facility: \$	
Permit Requirements: I hereby certify that th	2. Storm 3. Storm 4. Blue 0 5. Appro 6. NOI F 7. Permi 8. Permi	nwater Management P nwater Management I Card for On-Site Controval from Georgia Soil Fees (\$40 Per Acre) & it Fees (\$100 Per Acre it Fees (\$200 Soil Eros	Plan, if applicabinspection & Maractor, if applicable & Water Consectory of Submite, Development sion for Single-	le intenance Agreemer able ervation Commission tted NOI, if applicab , Grading & ESCP) A	nt, if applicable , if applicable le
Signature of Applic	ant	Print Name		Date	