

# LAND DISTURBANCE APPLICATION SOIL EROSION AND SEDIMENTATION CONTROL

Date of Application \_\_\_\_\_ Permit # \_\_\_\_\_  
(Affixed as of Date Application Approved)

Applicant's Name \_\_\_\_\_ Location of Project (Address) \_\_\_\_\_

Contact Person \_\_\_\_\_ Tax Map/Block/Lot Number \_\_\_\_\_

Street or P.O. Number \_\_\_\_\_ Project/Activity Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Owner of Property \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Owner's Address \_\_\_\_\_

Proposed Use of Site  
(RE: Residential, Commercial, Industrial, Institutional,  
Public, etc.)

Size of Tract \_\_\_\_\_ Size of Disturbance Area \_\_\_\_\_

1) Is Project located in or will it effect a designated Flood Area:  
(If yes, check Flood Ordinance and assure compliance) Yes \_\_\_\_\_ No \_\_\_\_\_

Complete Step 2 if less than five (5) acres. If five (5) acres or more or within 200 feet of a state stream, follow instructions on Form 2.

2) Give a brief description of control efforts to be undertaken in disturbing process: \_\_\_\_\_

**THE ESCAPE OF SEDIMENT FROM THE SITE SHALL BE PREVENTED BY THE INSTALLATION OF EROSION CONTROL MEASURES AND PRACTICES WHICH WILL BE MAINTAINED AT ALL TIMES.**

3) Anticipated Project Start Date \_\_\_\_\_

4) Zoning \_\_\_\_\_

5) Permit Fee \_\_\_\_\_ 6) Plans Examination Fee \_\_\_\_\_

The applicant hereby agrees to comply with all ordinances and regulations of the City of LaGrange and State of Georgia as they pertain to the proposed land disturbance activity.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized and Approved for Issuance \_\_\_\_\_ Date \_\_\_\_\_  
Soil and Water Conservation District

\_\_\_\_\_  
City of LaGrange Date \_\_\_\_\_