LD - 000001

City of Chatsworth

Building and Codes Enforcement Department

PO Box 516
Chatsworth, GA 30705

chatsbuildinsp@windstream.net

Phone (706) 695-3640

Land Disturbance Permit Application

Project File # _____

Notice of Intent Mailed Date _____

Permit Effective Date _____ Effective Date no sooner than 14 days after NOI

Application Date _____

Section I Identification

Owner Name:
Last First Phone

Address:
Street City State Zip

Project Description	Total Acres	Disturbed Acres
Location	Land Lot	District

Section II Grading Contractors Information

Contractor:
Last First Phone

E&SC Certification Level 1	Certification #	

Address:
Street City State Zip

E-Mail	Cell Phone ( )

Section III Plan Preparer Information

Plan Prepared By
Last First Phone

E&SC Certification Level 2	Certification #	

Address:
Street City State Zip

E-Mail	Cell Phone ( )

Georgia License Number	Expiration Date

I,_____, hereby certify that I fully understand the provisions of the City of Chatsworth Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for carrying out the E&SC plan for the above referenced project as approved by the City.

Approved By:	DATE	Permit Fee $
Fee Received By:	DATE	Receipt #

WHITE - APPLICANT YELLOW - CITY CLERK PINK - FILE