



TELEPHONE 706-375-3177

**APPLICATION FOR LAND-DISTURBING PERMIT  
 CHICKAMAUGA, GEORGIA**

Project File # \_\_\_\_\_ Permit Effective Date \_\_\_\_\_  
 Date of Application \_\_\_\_\_ Permit Expiration Date \_\_\_\_\_  
 GSWCC Certification Level \_\_\_\_\_ GSWCC Certification No. \_\_\_\_\_  
 (Copy of Certification Card Attached)

Name (Operator): \_\_\_\_\_ Phone \_\_\_\_\_

Mail Address \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone \_\_\_\_\_

Property Address: \_\_\_\_\_

Soil Erosion & Sed. Control Plan Attached (4 Copies)? \_\_\_\_\_ Preparer \_\_\_\_\_

Certification by Preparer that site was visited prior to Plan creation \_\_\_\_\_  
 (Preparer Signature)

Project Name & Description \_\_\_\_\_

Project Location \_\_\_\_\_

Tax Map \_\_\_\_\_, Parcel \_\_\_\_\_, Total Project Size \_\_\_\_\_ acres, Total Disturbed \_\_\_\_\_

NPDES Notice of Intent Attached? \_\_\_\_\_ Date Filed \_\_\_\_\_

STATUS OF CITY TAXES \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I fully understand the provisions of the City of Chickamauga Soil Erosion & Sedimentation Control Ordinance, and that I accept responsibility for carrying out the Sediment Control Plan and NPDES permit requirements for the above referenced project as approved by the City. I further grant the right of entry onto the project site, as described above, to the designated City personnel for the purpose of inspecting and monitoring the compliance with the aforesaid Ordinance and applicable NPDES requirements.

Applicant (Operator) \_\_\_\_\_ Date \_\_\_\_\_

Local Issuing Authority Approval \_\_\_\_\_ Date \_\_\_\_\_

Other Official's Approval \_\_\_\_\_ Date \_\_\_\_\_

*Fees are set forth in the aforesaid Ordinance, as of Feb 2, 2004 fees are \$25 per disturbed acre or fraction thereof for Land Disturbance Permit, plus additional \$40 to the City and \$40 to the Georgia EPD per disturbed acre or fraction. Make checks payable to City of Chickamauga.*