



TELEPHONE 706-375-3177

**APPLICATION FOR PLAT REVIEW  
 CHICKAMAUGA, GEORGIA**

Name (APPLICANT) \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

Project/Subdivision Name: \_\_\_\_\_

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

Minor or Major Subdivision: \_\_\_\_\_ Plats Attached (8 min) \_\_\_\_\_

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

Tax Status? \_\_\_\_\_, Flood Plain? \_\_\_\_\_, Soil Erosion Plan Required? \_\_\_\_\_

Buffer Variance Required? \_\_\_\_\_, Stormwater Plan Required? \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that I fully understand the provisions of the City of Chickamauga Zoning Ordinance and Subdivision Regulation. I understand that any land disturbing activity or construction (including activities within an area of special flood hazard) may be subject to regulation of other local, state, or federal authorities and I may be required to obtain additional permits prior to start of construction or land activity disturbance. 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 Regulations.

Applicant (owner) \_\_\_\_\_ Date \_\_\_\_\_

*Fees are set forth in the aforesaid Ordinance, as of Dec 6, 2004 fees are \$150 per plat review.*

FEE AMOUNT \_\_\_\_\_ DATE PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_