

Application For Land Disturbing Permit

City of Ellijay, Georgia

Project File # _____

Date of Application _____

Permit Effective Date _____

Permit Expires _____

Applicant _____
(Full Name) (Business Phone)

(Address)

Landowner _____
(Full Name) (Business Phone)

(Address)

Plan Prepared By _____

Project _____
(Name & Description)

Location _____
(Physical Address or Directions From City Hall)

Total Project Area = _____
(Square Feet / Acres)

I, _____ hereby certify that I fully understand the provisions
(Signature)

of the City of Ellijay Erosion and Sediment Control Ordinance and that I accept responsibility for carrying out the Erosion and Sediment Control Plan for the above referenced project as approved by the City of Ellijay.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of the City of Ellijay for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Approved By: _____
(Local Program Administrator) (Date)

(Other Official) (Date)