



CODE DEPARTMENT
LAND DISTURBANCE PERMIT APPLICATION

Phone: 770-207-4674 Email: permits@monroega.gov

OFFICE PERMITTING HOURS: 8:00 a.m. – 4:00 p.m.

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip Code: _____

Project Type: Residential ☐ Commercial ☐ **Parcel #:** _____

Permit Type: Clearing ☐ Clearing & Grubbing ☐ Grading ☐ Development ☐ Soil Erosion ☐

24 Hour Contact Name: _____

Phone – Office: _____ Cell: _____

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Email: _____

General Contractor Name: _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____

Phone – Office: _____ Cell: _____

Property Owner: _____

Total Disturbed Acreage: _____ **Value of Stormwater Facility:** \$ _____

- Permit Requirements:
1. ☐ Stormwater Concept Plan and Consultation Meeting, if applicable
 2. ☐ Stormwater Management Plan, if applicable
 3. ☐ Stormwater Management Inspection & Maintenance Agreement, if applicable
 4. ☐ Blue Card for On-Site Contractor, if applicable
 5. ☐ Approval from Georgia Soil & Water Conservation Commission, if applicable
 6. ☐ NOI Fees (\$40 Per Acre) & Copy of Submitted NOI, if applicable
 7. ☐ Permit Fees (\$100 Per Acre, Development, Grading & ESCP) AND/OR
 8. ☐ Permit Fees (\$200 Soil Erosion for Single-Family Lots)

I hereby certify that the above information is true and correct.

Signature of Applicant _____ Print Name _____ Date _____

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30655 770-207-4674 • permits@monroega.gov