DEVELOPMENT PERMIT APPLICATION

City of Arcade Planning & Development
706-367-5500

****MUST BE FILLED OUT COMPLETELY AND ALL REQUIRED SUBMITTALS ATTACHED IN ORDER TO BE PROCESSED****

Property/Site Address: _____ City: _____

Subdivision and Lot: _____

Tax Map / Parcel: _____ Zoning: _____ Proposed Use: _____

Total Project Acreage: _____ Total Disturbed Acreage: _____

Sewer / __ City __ County Septic (provide copy of permit) Water / __City __ County

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Property Owner Name: _____ Phone: _____ Fax: _____

Owner Address: _____ City: _____ Zip: _____

Email: _____

Developer Name: _____ Phone: _____ Fax: _____

Developer Address: _____ City: _____ Zip: _____

Developer Contact Name: _____ Contact Number: _____

Email: _____

Project Engineer Business Name: _____ Phone: _____ Fax: _____

Project Engineer Address: _____ City: _____ Zip: _____

Project Engineer Contact Name: _____ Contact Number: _____

Email: _____

Soil Erosion 24-hour Contact Name: _____ Contact Number: _____

Required Items For Initial Submittal:

- □ Five (5) complete sets of plans;
- □ Soil Erosion and Sedimentation Control Permit Application; (Attached)
- □ Soil Erosion and Sedimentation Control check list;
  Soil and Conservation District. (See Attached Form);
- □ Development Review Fee Sheet and fee (Note: additional fee requirements are applicable, but not due until issuance of permit). (See Attached Form);
- □ Jackson County E-911 Street Name Request Form;
- □ Three (3) Hydrology Reports;
- □ Copy of Notice of Intent filed with the State;
- □ Copy of receipt for payment of State NPDES fees;
- □ Copy of GDOT driveway(s) permit, if required, or completed driveway application;

I hereby make application for a development permit to perform work as described above, and if the permit is granted I agree to comply with all applicable and pertinent governing regulations and ordinances, pertaining to and in accordance with any plans submitted. I understand failure to comply with these regulations could be grounds for revocation of the permit.

Applicant Signature: _____ Date: _____

SOIL EROSION AND SEDIMENTATION CONTROL PERMIT APPLICATION

City of Arcade Planning and Development
3325 Athens Street
Jefferson, GA 30549
Phone: 706/367-5500
Fax: 706/367-1914

Name of Project: _____

Subdivision: _____

Street Address: _____

Tax Map: _____ **Parcel:** _____ **Existing Buildings?: Yes** ____ **No** ____

Proposed Use: _____

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Contact Person: _____

Phone Number: _____

Owner's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

_____
Applicant's Signature

Note: Applicant must submit four (4) complete E & S plans with application.

For Office Use Only:

Application Date: _____ Received by: _____

Application Fee: _____ Receipt No.: _____