



Planning and Development
4303 Lawrenceville Road
P.O. Box 39 Loganville, GA 30052
Tel: 770-466-2633 Fax: 770-554-5556

Land Disturbance Permit Application

Date Permit #

Date of Application Date of Expiration Number of Acres Disturbed

Type: Clearing Dredging Grading Excavating Filling Development Blasting
Right of Way Driveway

Applicant Phone # E-mail

Mailing Address City State Zip Code

Property Owner Phone # E-mail

Mailing Address City State Zip Code

Prime Contractor Phone # E-mail

Mailing Address City State Zip Code

(Submit business license, state license and driver's license with application)

Project Name Project Address Lot

Project Description

Plan prepared by Map & Parcel Zoning

I, hereby certify that I fully understand the provisions of the City of Loganville Erosion and Sedimentation Control Ordinance and Program, and that I accept responsibility for carrying out the Erosion and Sedimentation Control Plan for the above-referenced project as approved by the City. I further grant the right-of-entry onto this property, as described above, to the designated personnel of the City of Loganville for the purpose of inspecting and monitoring for compliance with the afore said Ordinance.

Signature

Planning & Development

Permit Fee \$ Cash/Check # Receipt# Received by