



Planning and Development
4385 Pecan Street
P.O. Box 39
Loganville, GA 30052
Tel: 770-466-2633
Fax: 770-554-5556

Land Disturbance Permit Application

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 _____

Project Name _____

Project Address _____

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 Director

Date

Permit Fee \$ _____

Employee Accepting Payment