## LAND DISTURBANCE/GRADING PERMITTING PACKET



Date Received:	
Staff Initials:	

COMMUNITY DEVELOPMENT BUILDING SERVICES DEPARTMENT PHONE: (770) 429-4554 FAX: (770) 429-4548 2529 J.O. Stephenson Avenue, Kennesaw, GA 30144

Project Name/Site Address		
Contact Name/Phone		
project as approved by the City of I	Arrying out the Erosion and Sediment Co Kennesaw. I further grant the right-of- of the City of Kennesaw for the purpose	entry onto this property, as described
<ul> <li>http://gaswcc.georgia.gov</li> <li>An inspection must be call</li> <li>UPON COMPLETING IN DISTURBANCE PERMIT ENVIORNMENTAL SPECTORY</li> <li>DISTURBANCE PERMIT (DISTURBANCE PERMIT)</li> </ul>	led for and approved prior to request NSTALLATION OF SOIL/EROSION (CALL 770-421-8582 TO SCHED) IALIST (OR HIS DESIGNEE). NO GOOD (LDP)! A SEPARATE PERMIT NUMBERON MEASURES ARE APPROVED.	for a grading permit.  MEASURES UNDER YOUR LAN <u>ULE AN INSPECTION</u> WITH TH  RADING IS ALLOWED UNDER LAN
Property Owner's/Agent's Signatur	re	Date
	OFFICE USE ONLY	
T4	nn.	LDP#:
Items needed prior to issuance of LI  [ ] Preliminary Plat approved by Mayor		DATE ISSUED
[ ] Plan approval by all agencies as red		GP#
Proof of Current Ad Valorem Tax		DATE ISSUED
[ ] Copy of current Business License		
	y fee Paid: Cash, Credit or Check #_	
	\$3000 max. Acre (To be determined by Env	
	Final C.O. for project is issued. (Form attach Cash { } Government	
[ ] If project is 1 acre or more, proof the	hat Notice of Intent (form can be obtained a DP approval (copy of NOI and copy of cert	t: http://gaswcc.georgia.gov) has been
· _ · _ ·	ennesaw (if applicable) [Amt. Rec	Check #]
T. 10	D •	
Items need for issuance of Grading I  Notification of approval of soil and 770-421-8582	Permit: d erosion measures by Environmental Spec	ialist (or his designee)
	ology fee Paid: Cash, Credit or Check #_	
Permitting Approved By:		
Building Official	Zoning Administrator	Public Works Designee



## COMMUNITY DEVELOPMENT BUILDING SERVICES DEPARTMENT

PHONE: (770) 429-4554 FAX: (770) 429-4548

## LDP/GRADING PERMIT APPLICATION

1. APPLICANT (Pleas	e check if applicant							
Name	☐ Landowner		Designated	l Agent			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Address								
City	State		Zip Code		Area Code	/Telephone Number		
2. LOCATION		THE STATE OF THE S						
Section Town	Range	Township		City/Villa	age	County		
Subdivision	Lot No.		Property Tax ID Number			Street Address		
3. PROPOSED EARTH CHANGE			Project Type  Residential  Industrail			Multi-family Commercial Land Balancing		
Describe Project						Size of Earth Change (acres or square teet)		
Name of and Distance to Nearest Lake, Stream, or Drain Date Project to St					ect to Start	Date Project to be Completed		
4. SOIL EROSION A	ND SEDIMENTA	TION CON	TROL PLAN					
			Estimated	Cost of E	osion and S	ediment Cor	ntrol	
Note: con		ans						
must be attached		Plan Prepa	Plan Preparer's Name and Teleph			none Numbe Area Code ( )		
5. PARTIES RESPON								
Name of Landowner (if not provided in Box I			No. 1 above	No. 1 above) Address				
City	State		Zip Area C		Area Code	e/Telephone Number		
Name of Individua	l "On Site" Res	ponsible fo	or Earth Cha	r Earth Change Company		Name		
City	State		Zip	Zip Area C		e/Telephone Number		
6. PERFORMANCE	DEPOSIT (If requi	ired by the pe	ermitting agenc	ey)				
Amount Required \$ □ Cash □ Certified Check □ Irrevocable Letter of Credit								
Name of Surety Co	ompany		□ Surety	Bona				
Address		City	State Zip Code		Area Code/Telephone Number			
1 \ ′	tion Control, of the	Natural Reso	ource and Envi			•	e in accordance with Part 91, Soil s amended, applicable local	
Landowner's Signa	ture		Print Nam	Print Name			Date	
Designated Agent's Signature*			Print Name				Date	

<sup>\*</sup> Designated agent must have a written statement from landowner authorizing him/her to secure a permit in the landowner's name.