

CITY OF HOGANSVILLE
LAND DISTURBANCE APPLICATION
SOIL EROSION AND SEDIMENTATION CONTROL

DATE OF APPLICATION _____	PERMIT # _____ <small>(AFFIXED AS OF DATE APPLICATION APPROVED)</small>
APPLICANT'S NAME _____	LOCATION OF PROJECT (ADDRESS) _____
CONTACT PERSON _____	TAX MAP/BLOCK/LOT NUMBER _____
STREET OR P.O. NUMBER _____	PROJECT/ACTIVITY NAME _____
CITY _____ STATE _____ ZIP _____	OWNER OF PROPERTY _____
TELEPHONE NUMBER _____	OWNER'S ADDRESS _____
	PROPOSED USE OF SITE _____ <small>(RE: RESIDENTIAL, COMMERCIAL, INDUSTRIAL, INSTITUTIONAL, PUBLIC, ETC.)</small>
SIZE OF TRACT _____	SIZE OF DISTURBANCE AREA _____

1) IS PROJECT LOCATED IN OR WILL IT EFFECT A DESIGNATED FLOOD AREA:
(IF YES, CHECK FLOOD ORDINANCE AND ASSURE COMPLIANCE) YES _____ NO _____

COMPLETE STEP 2 IF LESS THAN FIVE (5) ACRES. IF FIVE (5) ACRES OR MORE OR WITHIN 200 FEET OF A STATE STEAMS, FOLLOW INSTRUCTIONS ON FORM 2

2) GIVE A BRIEF DESCRIPTION OF CONTROL EFFORTS TO BE UNDERTAKEN IN DISTURBING PROCESS: _____

3) ANTICIPATED PROJECT STATE DATE: _____

4) ZONING _____

5) PERMIT FEE _____ 6) PLANS EXAMINATION FEE _____

THE APPLICANT HEREBY AGREES TO COMPLY WITH ALL ORDINANCES AND REGULATIONS OF THE CITY OF HOGANSVILLE AND STATE OF GEORGIA AS THEY PERTAIN TO THE PROPOSED LAND DISTURBANCE ACTIVITY.

APPLICANT'S SIGNATURE _____ DATE _____

AUTHORIZED AND APPROVED FOR ISSUANCE _____
SOIL AND WATER CONSERVATION DISTRICT

CITY OF HOGANSVILLE

DATE _____