CITY OF LAGRANGE

LAND DISTURBANCE APPLICATION
SOIL EROSION AND SEDIMENTATION CONTROL

Date of Application ________________________________ Permit # ________________________________ (Affixed as of Date Application Approved)

 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 ________________________________
(RE: Residential, Commercial, Industrial, Institutional, Public, etc.)

 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 stream, follow
instructions on Form 2.

 2) Give a brief description of control efforts to be undertaken in disturbing process: __________________________________________

 THE ESCAPE OF SEDIMENT FROM THE SITE SHALL BE PREVENTED BY THE INSTALLATION OF EROSION CONTROL
MEASURES AND PRACTICES WHICH WILL BE MAINTAINED AT ALL TIMES.

 3) Anticipated Project Start 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 LaGrange and State of
Georgia as they pertain to the proposed land disturbance activity.

 Applicant’s Signature ________________________________ Date ________________________________

 Authorized and Approved for Issuance ________________________________ Date ________________________________

 Soil and Water Conservation District ________________________________ Date ________________________________

 City of LaGrange ________________________________ Date ________________________________

 WHITE - FILE YELLOW - AUDIT PINK - ROOSEVELT DIST. GOLD - CUSTOMER APPLICANT