CITY OF THOMASTON

706-647-6633

LAND DISTURBANCE PERMIT APPLICATION

Description of proposed project:

_____

___ Single-Family Residential Home	___ Grading .10 acre or greater SF of Area _____	___ Single-Family Subdivision
___ Home Addition	___ Commercial / Retail	___ Multi-family Development
___ Pool	___ Office	___ Other (Please describe)
___ Wall greater than 6' in height		

_____

Name of Project or Subdivision (Note name of Former Subdivision, if any) Lot #

_____

Owner of Record (Company/Individual)

_____

Property Address Suite/Ap t. # City State Zip Code

_____ _____ _____

Property ID Total Acreage Acreage and Square Footage to be Disturbed

_____

Applicant Name

_____

Company

_____

Mailing Address Suite/Apt. # City State Zip Code

_____ _____ _____ _____

Phone Cell Phone Fax Phone E-mail

_____

Contact Name (24-hour Contact: Owner's Agent / Project Manager / Project Engineer)

_____

Company

_____

Contact Mailing Address City State Zip Code

_____ _____ _____ _____

Phone Cell Phone Fax Phone Email

I hereby certify that all information provided herein is true and correct.

_____

Applicant Signature: Property Owner or Owner's Representative

Date: _____