



The City of Garden City, Georgia  
100 Central Avenue, Garden City, Georgia 31405  
Phone: 912.966.7777 Fax: 912.963.2735

## LAND DISTURBANCE PERMIT APPLICATION

### Description of proposed development:

- |   |   |
|---|---|
| <input type="checkbox"/> Single – Family Residential Home     | <input type="checkbox"/> Single- Family Subdivision |
| <input type="checkbox"/> Home Addition                        | <input type="checkbox"/> Commercial / Retail        |
| <input type="checkbox"/> Pool                                 | <input type="checkbox"/> Office                     |
| <input type="checkbox"/> Warehouse                            | <input type="checkbox"/> Multi –Family Development  |
| <input type="checkbox"/> Less than 1.0 Acre Total Disturbance | <input type="checkbox"/> Other _____                |
| SF of Area _____  |   |

Permit Number \_\_\_\_\_

Total Permit Fee

\$ \_\_\_\_\_

Name of the Project or Subdivision

(Note name of former subdivision, if any) \_\_\_\_\_

Lot Number \_\_\_\_\_

Owner of Record (Company / Individual)

Property Address

Property ID

Total Acreage

Acreage and Square Footage to be Disturbed

Total Impervious Coverage of Future Bldg. Site

Applicant Name

Company Name

Mailing Address

Phone

Cell

Fax

Email address

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

Company

Contact Mailing Address

Phone

Cell

Fax

Email address

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

Applicant Signature: Property Owner or Owners

Date

City Official

Title

Date