

CITY OF GLENNVILLE
APPLICATION FOR LAND-DISTURBING PERMIT

Project File #: _____ Date of Application: _____

Permit Effective Date: _____ Permit Expires: _____

Applicant: _____
(Full Name) (Business Phone)

(Address)

Landowner: _____
(Full Name) (Business Phone)

(Address)

Plan Prepared By: _____

Project: _____
(Name and Description)

Location: _____

Tax Map _____ Parcel _____ Area _____ sq. ft.

I, _____ (Signature) hereby certify that I fully understand the provisions of the City of Glennville Soil Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for carrying out the Erosion and Sediment Control Plan for the above referenced project as approved by the city.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of the City for the purpose of inspecting and monitoring for compliance with aforesaid Ordinance.

Approved: _____ Title: _____

Date: _____