

## **DEVELOPMENT PERMIT APPLICATION**

Project Name:			
Proposed Use:			
Project Location:			
No. of Lots:		Total Acreage:	Total disturbed acreage:
DISTRICT LAND LO	T(S)		ZONING
Owner:		Developer:	
Street Address:		Street Address:	
City / State / Zip Code:		City / State / Zip Code:	
Telephone:		Telephone:	
Email:		Email:	
Engineer:		Contractor:	
Street Address:		Street Address:	
City / State / Zip Code:		City / State / Zip Code:	
Telephone:		Telephone:	
Email:		Email:	
Development Review Point of Contact Name:	Telephone:		Email:
Class of work: [ ] Grading [ ] Clearing and grubbing [ ] Storm drain			[ ] Storm drain facilities
Application is hereby made according to the requi commence with land disturbing activity.	rements of the	Code of Ordinances	s, City of Conyers, Georgia for a permit to
Any addition, deletion or change intended to be m approval from the Planning and Inspection Services I		permit has been issue	ed must be made only after getting written
A copy of this permit, a set of approved plans, and a	development pla	acard must be availab	le at the construction site at all times.
24-Hour Contact:		Utility Contractor:	
Occupation Tax No.:		Street Address:	
State License No.:		City / State / Zip Code:	
Total Value of Construction: \$		Telephone:	
Permit Fee: \$			
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Signature of Applicant		Date	
Permit Issued By	No.	Date	