Carroll County Department of Community Development

423 College St. **Carrollton, GA 30116**
P.O. Box 338 **(770) 830-5861**

NOTICE OF TIMBER HARVESTING ACTIVITY

Timber Sale Acreage: _____ Date Submitted: _____
Estimated Completion Date of Activity: _____

THERE IS A 100 FT SETBACK ON CERTAIN TIMBER HARVESTING ACTIVITES FROM THE EDGE OF PAVEMENT OF A STATE OR FEDERAL HIGHWAY PER THE CDP.

Check Appropriate: ☐ Landowner ☐ Timber Seller ☐ Legal Representative
Name of Applicant: _____
Address of Project Site: _____
City: _____ State: _____ Zip: _____
Daytime Phone Number(s): (_____) _____
Land Owner's Address (if different than site address): _____
City: _____ State: _____ Zip: _____

TIMBER BUYER INFORMATION

Name:
_____
Business Name:
_____
Business Address:
_____
City: _____ State: _____ Zip:
_____
Business Phone: (_____)_____
Emergency Phone: (_____)_____

LOGGER/HARVESTER INFORMATION

Name:
_____
Business Name:
_____
Business Address:
_____
City: _____ State: _____ Zip:
_____
Business Phone: (_____)_____
Emergency Phone: (_____)_____
OTC Number/County:
_____

Timber Sale Type: ☐ Lump Sum ☐ Unit/Load ☐ Owner Harvest

Please attach/draw a map to identify (1) tract location, and (2) point(s) of ingress & egress from public road(s). Include identified points of reference, such as streams, public roads, right-of-ways, landmarks, map/parcel number, distances, etc., to ensure county acknowledgment and understanding of location.

Sketch

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PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE
To be filled out by Map Room Personnel

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1ST:			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	

CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST

- ☐ Owner(s) & Agent (if applicable)
- ☐ Legal Description or Adequate Description of Property
- ☐ Complete Inventory of Existing Structures (noting uses & non-conforming structures)
- ☐ Complete Inventory of Proposed Structures
- ☐ Complete Inventory of Existing Uses and/or Activities
- ☐ Applicant's Certification

Signature of County Planner or Designee: _____ Date: _____
Comments: _____

CDP COMPLIANCE	☐ YES ☐ NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____
PLAT APPROVED	☐ YES ☐ NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____
APPROVED FOR NEW ADDRESS	☐ YES ☐ NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____

Revision Date: 3-6-2020