Jefferson County
Building Inspection Department

# Land Disturbance Permit Application

**Permit # _____ Fee _____ Date_____ NOI Submittal # _____**

**Paid: ☐ Check #_____ ☐ Cash Date Received:_____**

**SEPTIC LETTER OBTAINED: _____YES _____ NO**

**CONSTRUCTION LOCATION:**
**Address: _____City:_____GA Zip:_____**
**Parcel #_____ Disturbed Acres: _____**

**Property Owner Information**

**Name:_____**
**Address:_____City:_____GA Zip:_____**
**Phone:_____Email:_____**

**Contractor Information**

**Name of Company:_____**
**24 Hour Contact Name:_____ ES&PC#_____**
**Contact Phone:_____Email:_____**
**Address:_____City:_____GA Zip:_____**
**Business License #_____ State License #_____**

**Printed Name of Applicant:_____**

**Signature of Applicant:_____ Date:_____**

**Initial_____ I hereby certify that I fully understand the provisions of the Jefferson County 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 County.**

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

**Approval:_____ Date:_____**

**Submit SIGNED applications to mnelson@jeffersoncountyga.gov or in person to the address below.**