



Permit #: _____
Application Date: _____

### Site Development/Land Disturbance PERMIT APPLICATION

Site Address:	Suite/Unit #:	Phase: _____ of _____
Project Name:	Proposed Use:	

<b>PROPERTY</b>			
Parcel # _____ - _____ - _____ - _____	Zoning District:	Sanitary Facilities: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank	
Work Site Is: <input type="checkbox"/> Undeveloped Site <input type="checkbox"/> Redevelopment Site <input type="checkbox"/> Developed Site		Parcel Size:	SF/acres (circle one)
Front Setback: FT	Rear Setback: FT	Disturbed Acreage:	SF/acres (circle one)
Left Side Setback: FT	Right Side Setback: FT	Disturbed Acreage (Stabilized):	SF/acres (circle one)
Impervious Area: SF/acres = _____%			

<b>APPLICANT IS:</b>	<input type="checkbox"/> Property Owner	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Site Designer/Engineer	<input type="checkbox"/> Authorized Permit Agent
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<b>PROPERTY OWNER (NO P.O. Boxes)</b>			
Property Owner:		Phone:	
Contact Name:		E-mail:	
Address:		Suite #:	
City:	State:	Zip:	

<b>GENERAL CONTRACTOR</b>			
Company Name:		Phone:	
Contact Name:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	
Contractor's Business License #:	State License #:	<input type="checkbox"/> Qualifying Agent <input type="checkbox"/> Individual	

<b>SITE DESIGNER/ENGINEER</b>			
Company Name:		Phone:	
Contact Name:		E-Mail:	
Address:		Suite #:	
City:	State:	Zip:	

<b>WORK INFORMATION</b>	
Type: <input type="checkbox"/> Land Development ≥ 1 acre <input type="checkbox"/> Site Disturbance < 1 acre	Valuation of land disturbance activity: \$

Describe work to be performed (provide separate cover letter if necessary):

The undersigned, upon oath, states that the above information is true and correct, understands that the Permit issued is only for work as stated, and that all inspections must be passed and all requirements met before a Certificate of Completion will be issued by the City of Doraville. The permit is granted on the express condition that the said work shall, in all respects, conform to all applicable regulations, including the ordinances of the City of Doraville, Georgia and may be revoked at any time upon violation of any provisions of said regulations and ordinances. Site work will begin no more than six (6) months from the issue date of the permit. All required Contractor State Licensure, Sub-contractors Affidavits, and Business Licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Doraville from all damages, demands, or expenses of every character which may in any manner be caused by construction and/or the structure. **I HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY. ZONING APPROVAL REQUIRED PRIOR TO PERMIT ISSUANCE. TREE PERMIT APPROVAL (IF APPLICABLE) PRIOR TO PERMIT ISSUANCE.**

Applicant Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_



**NOTARIZED AUTHORIZATION OF PROPERTY LANDOWNER**

**TYPE OF APPLICATION:** \_\_\_\_\_.

I, \_\_\_\_\_ SWEAR THAT I AM THE **PROPERTY**  
Printed owner(s) name

**LANDOWNER** OF: \_\_\_\_\_  
AND PARCEL ID NO. \_\_\_\_\_

AS SHOWN IN THE RECORDS OF DEKALB COUNTY, GEORGIA WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO ACT AS THE APPLICANT IN THE PURSUIT OF THIS APPLICATION. I ALSO HEREBY AUTHORIZE CITY STAFF TO INSPECT PREMISES OF ABOVE DESCRIBED PROPERTY.

**NAME OF APPLICANT (PRINT CLEARLY):**  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Landowner

\_\_\_\_\_  
Print Name of Property Landowner

Personally Appeared  
Before Me  
  
\_\_\_\_\_

Who Swears That The  
Information Contained  
In this Authorization  
Is True and Correct  
To The Best of His or Her  
Knowledge and Belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date