



Land Disturbance Permit Application

Permit Number: _____

Issued by City of Chamblee

Job Address:		City:	State:	Zip:
Project Name:		Tax PIN #:	Zoning District:	
Purpose: <input type="checkbox"/> SF Townhomes <input type="checkbox"/> Commercial/retail <input type="checkbox"/> Office <input type="checkbox"/> Single Family Home \geq 1 acre disturbed <input type="checkbox"/> Multi-Family Development <input type="checkbox"/> Other _____		Total Lot Area:	Total Disturbed area:	
Scope of work:				
Routing Information (Please check all that apply to your project. Responses determine how your project is routed. Incorrect or incomplete information could result in delays to your plan review): <input type="checkbox"/> Pool <input type="checkbox"/> New roads <input type="checkbox"/> New tenant spaces or changes to addressing <input type="checkbox"/> Work affecting sewer capacity <input type="checkbox"/> Retaining walls \geq 4' <input type="checkbox"/> Tree removal <input type="checkbox"/> Work affecting State Road <input type="checkbox"/> Work affecting County Road <input type="checkbox"/> Work affecting City Road <input type="checkbox"/> \geq 1 acre disturbed				

Property Owner (of Job Address): Name:			Applicant: Name:			Company Name:		
Address:			Address:					
City:	State:	Zip:	City:	State:	Zip:	City:	State:	Zip:
Tel #:	Mobile #:		Tel #:	Mobile #:				
E-Mail:			E-Mail:					

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the land development manager Official for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the UDO or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided is true and correct. I further certify that all construction will comply with the current City and State Building Codes. This permit is void if no construction activity commences within six months of issuance date or is work is not complete within two years of issuance.

I further agree that I shall be responsible from the date of this permit, or from the time of the beginning of the first work, whichever shall be earlier, for all injury or damage of any kind resulting from this work, whether from basic services or additional services, to person or property. I agree to exonerate, indemnify and save harmless the city from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with any work performed under the building permit issued as a result of this application. I also agree to allow all inspections and right of entry per Section 120-2 of the UDO.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____