



PERMIT APPLICATION FOR WATER RESOURCES CONSTRUCTION ACTIVITY

Department of Public Works
 11575 Maxwell Road
 Alpharetta, Georgia 30009
 Telephone: 404-612-3421

PERMIT APPLICATION FOR WATER RESOURCES CONSTRUCTION ACTIVITY

Date: _____ Inspector: _____
 Project No.: _____ Zoning: _____
 City: _____ Zoning Case Number: _____

Application is made according to the laws and ordinances of Fulton County and the State of Georgia for a Water Resources Construction Permit as described herein and/or shown on the accompanying plan(s) and specifications, to be located as shown on accompanying plan and if same is granted, applicant agrees to conform to all laws and ordinances regulating the same.

PROJECT NAME: _____
 Land Lot(s): _____ District: _____ Section: _____
 Proposed Use of Property: _____
 Total Project Acreage: _____

DESCRIPTION OF CONSTRUCTION ACTIVITY: _____

OWNER: _____
 Address: _____
 Telephone/Email: _____
CONTRACTOR: _____
 Address: _____
 Telephone/Email: _____

The undersigned applicant agrees and understands that this permit is void unless all aspects of the operation pertaining to water and sewer construction have been approved by the Fulton County Department of Public Works, the Georgia Department of Transportation (if applicable), and any public utility having interest in the subject property. In addition, the owner/developer must notify the assigned inspector prior to the commencement of any land disturbance activities. Furthermore, erosion control devices must be completed prior to installation of utilities, as approved by this permit. The permit card must be posted on the project site in plain view from the road frontage and remain throughout the operations for which this permit is issued. Subsequent removal shall result in an immediate "Stop Work" Notice and a new permit must be applied for to resume work. Site plans, calculations, and any other supporting documentation associated with this application is hereby incorporated by reference.

Personally appeared before me the above named applicant, who on oath states that he/she is the applicant for the forgoing and that the above statements are true to the best of his/her knowledge.

NOTARY PUBLIC: _____
Printed Name / Signature
 OWNER: _____
Applicant's Signature / Address / Phone Number

Sworn and subscribed to before me on this _____ day of _____,
 COUNTY: _____ STATE: _____

Public Works Department Approval: _____
Signature Date

NOTE: Activities approved by this permit must commence within one (1) year from the date of approval hereon; otherwise, this permit is void.