



DAWSON COUNTY

Department of Planning & Development

Project Name: _____

Site Address/Location: _____

Tax Map /Parcel Number: _____

Property Owner: _____

Address: _____

email address: _____

Developer/Builder Name: _____

GSWCC Certification Number: _____ **REQUIRED**

24 Hour Emergency Contact for Soil Erosion Issues:

Name _____ Phone: _____

Proposed Use of Land: _____

Amount of Land to be Disturbed: _____

Application is hereby made according to the Land Use Resolution of Dawson County, Georgia, the Subdivision Regulations of Dawson County, Georgia, the Storm Water Management Ordinance of Dawson County, Georgia and applicable laws and regulations, including, but not limited to, the Soil and Sedimentation Control Ordinance of Dawson County, Georgia. I agree to comply fully with all requirements of above reference laws and regulations. I understand that these documents are available for my review and that infractions may cause immediate revocation of this permit and the stoppage of all work.

Owners Signature: _____ Date: _____

Staff Review:

Permit Application date:

NRCS Approval date: