100 Main Street, Suite 7520 Hinesville, Georgia 31313 Phone: 912-408-2030 Fax: 888-320-8007



Executive Director

LAND CLEARING PERMIT

	Perm	it #
Date Received:	Date of Issue:	
APPROVED	DISAPPROVED	
Special Conditions:		
The following information as listed on certification, pursuant to the Soil Erosion		xetch plan and supporting data are submitted for nance.
Applicant Name:		
Description of Project:		
Location of Project:		
		Zoning:
_	_	ontact:
Address:		
_	P	urpose of Disturbance: Development
☐ Surface Mining		
Other, please explain:	Flood Hazard Zone:	FIRM Map & Panel #:
Wetland Area: YES NO Copy	of Deed: YES NO S	xetch Plan: YES NO
standards set forth in the Soil Erosion at Sediment Control in Georgia; 2) that a	nd Sedimentation Ordinance ar all development and constructi 3) to notify the Liberty Conso	measures are in accordance with the principles and d the publication entitled Manual for Erosion and on practices will be done in accordance with the lidated Planning Commission Engineer at least 24 the project.
This permit is valid for one year f project with regard to compliance w	-	ssued. LCPC may choose to reevaluate the S control ordinance.
(Signature of Property Owner)	(Date)	
Date received LCPC fee:	Amo	ount:
Site Visited by:	Date	of visit:
Po	ermit approved and issued by	
	Director of Engineering	