

235

Fee: \$: **\$25.00**



P.O. Box 158
Bainbridge, Ga. 39818

www.bainbridgcity.com

Phone: 229-248-2000
Fax: 229-246-7311

LAND DISTURBING PERMIT

Contractor:		Phone:	
Contractor Address:	City:	State:	Zip:
Property Owner:			
Property Address:			
Project Name:			
Engineer/Land Surveyor:			
Tax Map:	Parcel:	Land Size:	
Comments: _____			

I, _____, hereby certify that I fully understand the provisions of the City of Bainbridge, Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for carrying out the Erosion and Sediment Control Plan for the above referenced project as approved by the city.

I further grant the right-to- entry onto this property, as described above, to the designated personnel of the City of Bainbridge for the purpose of inspecting and monitoring for compliance with the aforesaid ordinance.

Contractor's Signature

Date

Administrator's Signature

Date