

NO. _____

CITY OF OAKWOOD DEVELOPMENT PERMIT

MAILING ADDRESS
P.O. BOX 99
OAKWOOD, GA 30566

PHONE: (770) 534-2365 FAX: (770) 297-3223

STREET ADDRESS
4035 WALNUT CIRLE
OAKWOOD, GA 30566

PROJECT NAME: _____

PROJECT ADDRESS: _____ TAX PARCEL NO.: _____ ZONING: _____

PROJECT TYPE: () COMMERCIAL () MULTIFAMILY () S/D () GOV'T/INSTITUTION () ROW ONLY () S/F () OTHER
PROJECT ACRES: _____ PROPOSED DATE OF CONSTRUCTION: _____

APPLICANT: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____ ST/ZIP: _____

CELL PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

CONTRACTOR: _____ CONTACT PERSON: _____

24-HOUR CONTACT NAME: _____ PHONE NUMBER: _____

24-HOUR CONTACT CELL#: _____ FAX NUMBER: _____

APPLICATION IS HEREBY MADE FOR:

- () LAND DEVELOPMENT/LAND-DISTURBING ACTIVITY () ROW ENCROACHMENT PERMIT
 () DRIVEWAY/ACCESS PERMIT

GENERAL REQUIREMENTS:

- Applicant is responsible for submitting all applicable plans, reports, and/or drawings.
- Applicant is responsible for obtaining any additional permits required by the Georgia Department of Transportation, Georgia Environmental Protection Division, and/or other government agencies.
- Applicant must maintain access to all sidewalks and driveways.
- Applicant must submit a Street/Lane Closure Permit Application to the City of Oakwood a minimum of five (5) working days prior to closing any street or lane.
- Applicant must comply with work zone safety standards set forth in the current Manual on Uniform Traffic Control Devices (MUTCD) while performing work within public rights-of-way.
- Applicant must comply with Chapter 33 "Safeguards During Construction" of the 2006 International Building Code.
- Applicant must protect utilities, storm drains, streets, and other infrastructure from damage and shall be responsible for any repairs required as a result of any actions, omissions, or negligence.
- Applicant indemnifies and holds harmless the City of Oakwood and its officers, agents, and employees from all liability, loss cost, and expenses, including attorney's fees, that may result from the applicant's failure to take all necessary precautions for preventing accidents, injuries and/or damage to property.

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK WILL MEET ALL CODES AND ORDINANCES OF THE CITY OF OAKWOOD.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

APPLICATION FEE: _____ RECEIVED BY: _____ APPLICATION DATE: _____

APPLICATION: () APPROVED () APPROVED WITH CONDITIONS () DISAPPROVED

CONDITIONS: _____

CITY MANAGER (OR DESIGNEE)

DATE

REVIEW/INSPECTION FEE: _____

RECEIVED BY: _____

ISSUE DATE: _____

INSPECTOR: _____