

City of Covington Commercial Land Disturbance Application

This application is for new commercial construction land disturbing activity.

Applications must contain all items outlined below. Incomplete packets will not be accepted.

PLANS REVIEW SUBMITTAL REQUIREMENTS:

- Submit two paper sets of plans (minimum of 24in x 36in) with cover page
- Electronic copy of complete plan set, along with all below items on a single USB flash drive
 - Copy of Hydrology Report
 - A .dwg Auto Cad file referenced to Georgia State Plain Coordinate System, West Zone in feet
 - Copy of the Stormwater Facility Maintenance Covenant filed on record with the Clerk of Superior Court for Newton County
 - The Operation & Maintenance Manual and detail drawings of all post construction Best Management Practices (on 8in x 11in) must be attached and filed along with the Stormwater Facility Maintenance Covenant
 - > All PDF files must be labeled with the address, project name and file name
 - Ex: Address_Project Name_Application
 - Ex: Address_Project Name_Site Plan

<u>Please Note:</u> A Bond or Letter of Credit (\$3,000 per acre) is required if sod is not used on all disturbed areas for final stabilization. The Bond or Letter of Credit must be submitted prior to receiving the permit.

For more information on submittal requirements please visit: https://library.municode.com/ga/covington/codes/code_of_ordinances? nodeId=TIT15BUCO_CH15.36SOERSEPOCO_15.36.050APPEPR

LDA FEE WILL BE CALCULATED AND DUE UPON ISSUANCE OF THE PERMIT

For additional information please contact:
City of Covington Engineering Department
Phone: 770-385-2033

E-mail: engineering@cityofcovington.org



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SUBMITTAL FEE \$200

SITE ADDRESS AND LOCATION INFORMATION SITE EMERGENCY CONTACT: ______ PROPERTY OWNER: SITE ADDRESS: TOTAL ACREAGE: _____ TOTAL DISTURBED ACREAGE: _____ _____ PARCEL ID #: _____ **DEVELOPER / CONTRACTOR INFORMATION** COMPANY NAME: CONTACT: PHONE: STREET ADDRESS: _____ E-MAIL: **ENGINEER / DESIGN PROFFESSIONAL INFORMATION** COMPANY NAME: CONTACT: _____ PHONE: _____ CITY: _____ STATE: ____ ZIP CODE: ____ E-MAIL: **WATER / SEWER TAP BILLING INFORMATION** (Tap fees are calculated upon approval of the application) WATER TAP SEWER TAP FIRELINE TAP IRRIGATION TAP APPLICANT NAME: _____ APPLICANT STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____ _____ E-MAIL: _____

PLEASE ALLOW 35 DAYS FOR PLAN REVIEW