



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 site plan, along with all below items on a single USB flash drive
 - Copy of the Hydrology Report
 - A .dwg Auto Cad file referenced to Georgia State Plain Coordinate System, West Zone in feet
 - A draft copy of the Stormwater Facility Maintenance Covenant
 - 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
 - Copy of the Notice of Intent (NOI) filed with the GA EPD

Please Note: 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

FEEES WILL BE CALCULATED AND DUE UPON ISSUANCE OF THE PERMIT
*****PLEASE ALLOW 35 DAYS FOR PLAN REVIEW*****

For additional information please contact:
City of Covington Engineering Department
Phone: 770-385-2187
E-mail: engineering@cityofcovington.org



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SITE ADDRESS AND LOCATION INFORMATION

SITE EMERGENCY CONTACT: _____ PHONE: _____

PROPERTY OWNER: _____ PHONE: _____

SITE ADDRESS: _____

TOTAL ACREAGE: _____ TOTAL DISTURBED ACREAGE: _____

LOT #: _____ PARCEL ID #: _____

DEVELOPER / CONTRACTOR INFORMATION

COMPANY NAME: _____

CONTACT: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____

ENGINEER / DESIGN PROFESSIONAL INFORMATION

COMPANY NAME: _____

CONTACT: _____ PHONE: _____

STREET ADDRESS: _____

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: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____