



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 Plane Coordinate System, West Zone NAD 83 in U.S. 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
- A copy of the Notice of Intent (NOI) for site if required

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

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

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



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*****SUBMITTAL FEE \$200*****

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)

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WATER TAP

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SEWER TAP

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FIRELINE TAP

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IRRIGATION TAP

APPLICANT NAME: _____

APPLICANT STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

*****PLEASE ALLOW 35 DAYS FOR PLAN REVIEW*****