



Land Disturbance Permit Application

Page 1 of 1

Updated **APR 2024**

OFFICE USE ONLY

Project File Number: _____ Application Date: _____

Permit Effective Date: _____ Permit Expiration Date: _____

Approved by: _____ Approval Date: _____

General Information

Applicant Name _____ Applicant Phone _____

Applicant Address _____

Landowner Name _____ Landowner Phone _____

Landowner Address _____

Plan Preparer Name _____ Plan Preparer Phone _____

Project Name and Description _____

Project Location _____

Tax Map _____ Parcel Number _____ Total Disturbed Acreage _____

Affidavit

I hereby certify that I fully understand the provisions of the City of Pooler Erosion and Sediment Control Ordinance and Program, and that I accept the responsibility for carrying out the Erosion and Sediment Control Plan for the above referenced project as approved by the City of Pooler. I further grant the right-of-entry onto this property, as described above, to the designated personnel of the City of Pooler for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Applicant Print Name _____ Applicant Signature _____ Date _____