



## ROCKDALE COUNTY STORMWATER GRADING PERMIT SUBMITTAL

|  |   |
|--|---|
| <b>Grading (Less than 1 acre) Permit Application</b> |   |
| <b>Submit All Documents Review</b>                   |   |
| √  | Documents List  |
|  | GSWCC Level 1A Cert. (Blue Card)  |
|  | Civil Site Plan   |
|  | Flood Area Permit (if applicable)   |
|  | FEMA Elevation Certificate (if necessary)   |
|  | Verification that the lot is a legal lot of record (Provide the final plat)                         |
|  | Grading Plan Review Checklist   |
|  | Tax Commissioner Certification Form   |
|  | Application and Review Fees (see fee schedule)  |
|  | <b>\$100 For Every Plan Review After the Second Review</b>  |
|  | <b>*All documents must be digital. All scanned documents that are not legible will be rejected.</b> |

1. Applicant must submit the documents listed above for Grading Permit.
2. If the lot is part of a common development (located within a subdivision), please verify with your HOA before applying for a Grading Permit.

*The Grading Permit Application is a separate permit application from the Land Disturbance Permit (LDP).*

- *The Grading Permit Application must be submitted to the Department of Stormwater Management.*
- *All plan reviews are completed within 2-weeks.*
- *Plan review comments are emailed to the owner/contractor in the application, on the 2-week plan review due date.*

### **Department of Stormwater Management Contact Information:**

|   |  |
|---|--|
| 1119 West Avenue, Conyers, GA 30012   |  |
| P.O. Box 1495, Conyers, GA 30012  | Monday through Friday, 8:00am to 5:00pm            |
| Email: <a href="mailto:rcsw.review@rockdalecountyga.gov">rcsw.review@rockdalecountyga.gov</a> | Engineering Questions/Concerns Phone: 770 278-7120 |

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# Grading Permit

## PROPERTY INFORMATION:

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Owner's Phone Number: \_\_\_\_\_  
Owner's Email Address: \_\_\_\_\_

## CONTRACTOR'S INFORMATION:

Name of Company: \_\_\_\_\_  
24hr. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EROSION AND SEDIMENT CONTROL (Provide a Copy of Both Cards):

Name of Card Holder: \_\_\_\_\_  
GSWCC Level IA Certification Number: \_\_\_\_\_  
GSWCC Level IA Expiration Date: \_\_\_\_\_

## PROJECT DESCRIPTION:

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total Land Disturbance (Acre): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant's Email and Phone Number: \_\_\_\_\_

O.C.G.A. 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- I am a United States citizen.
- I am a legal permanent resident of the United States.
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is enter number here

**\*\* Wait to be in front of the notary before signing \*\***

Enter applicant name here, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Applicant signature

GA Registration No. and expiration date:

\_\_\_\_\_  
Seal:



## AD VALOREM TAX STATEMENT

*UDO Sections 302-44 (b), 302-61 (b)(11), 302-62 (b)(9)*

Date: [Click here to enter a date.](#)

Project Name: [Click here to enter text.](#)

Project Address: [Click here to enter text.](#)

Tax Parcel ID #: [Click here to enter text.](#)

Property Owner: [Click here to enter text.](#)

Owner Address: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

This certifies that all ad valorem taxes currently levied against the above property are paid.

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**Certified by Rockdale County Stormwater Staff**

