



## ROCKDALE COUNTY STORMWATER LAND DISTURBANCE PERMIT SUBMITTAL

<b>Residential Single Family Application</b>	
<input type="checkbox"/> Primary Permittee <input type="checkbox"/> Tertiary	
<b>Submit All Documents Review</b>	
<b>√</b>	<b>Documents List</b>
	GSWCC Level 2 Design Professional Cert. (Tan Card)
	GSWCC Level 1A Cert. (Blue Card)
	Stamped Civil Site Plan
	Stormwater Management Report (if applicable)
	Stormwater Design Certificate & Maintenance Agreement (if applicable)
	Flood Area Permit (if applicable)
	FEMA Elevation Certificate (if necessary)
	3-Phase Erosion and Sedimentation Control Plans or description (Provide if project has a land disturbance of 1 acre or greater)
	Verification that the lot is a legal lot of record (Provide the final plat)
	Plan Review Checklist (all departments)
	Tax Commissioner Certification Form
	<b>\$100 For Every Plan Review After the Second Review</b>
	Application and Review Fees (see fee schedule)
	Notice of Intent (NOI)- Provide NOI for all Single-Family-Residence lots that are inside a Common Development (subdivision) or have a disturbance of 1 acre or greater. (Approved NOI from EPD and include the EPD GEOS receipt)
	<b>*All documents must be digital. All scanned documents that are not legible will be rejected.</b>

1. Applicants must submit the documents listed above for land disturbance permit. The subcontractor’s affidavits may be submitted at the end of project before the Certificate of Occupancy (CO) is issued if the subcontractors have not been selected yet.
2. If the lot is part of a common development (located within a subdivision), where the Primary Permittee has submitted a NOT (Notice of Termination) the applicant must select the Tertiary Land Disturbance Permit box on this application.

*The LDP is a separate permit application from the building permit. The LDP as a Single-Family Residence Permittee, inside a common development or if 1 acre or greater, requires an Erosion & Sedimentation Control Plan, a Notice of Intent (NOI) & an inspection of the BMPs prior to the issuance of the Building Permit. See LDP*

checklist for submittal.

- The LDP application must be submitted to the Department of Stormwater Management, approved, and a LDP permit issued **prior** to the building permit.
- All initial plan reviews are completed within 14 business days.
- Resubmittals plans are completed within 5 business days.
- **Plan review comments are emailed to the Design Professional listed in the application, on the 2-week plan review due date.**
- After the approved initial BMP inspection, provide a building permit application and structure location plan to the Planning and Development Department.

**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

# Single-Family-Residence Land Disturbance Permit

## PROPERTY INFORMATION:

Lot Number: \_\_\_\_\_

Tax Parcel ID: \_\_\_\_\_

Well  Sewer  Septic

Name of Subdivision (existing or proposed): \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Developer: \_\_\_\_\_

Developer's Phone Number: \_\_\_\_\_

## PROPERTY OWNER INFORMATION:

Name of property owner: \_\_\_\_\_

24hr. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 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: \_\_\_\_\_

Design Professional: \_\_\_\_\_

Design Professional's GSWCC Level II Certification Number: \_\_\_\_\_

Design Professional's GSWCC Level II Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Design Professional's Email: \_\_\_\_\_

## PROPOSED STRUCTURE:

Basement or Slab: \_\_\_\_\_

Total Square Footage of Lot: \_\_\_\_\_

Propose Impervious Total (Square Feet): \_\_\_\_\_

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**