



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

Land Disturbing Activity

Project Number: _____

Date of Application: ____/____/____

Effective Date: _____

Permit Expires: _____

Applicant: _____

Address: _____

Landowner: _____

Plan prepared by:

Project name location:

Tax Map: _____ Parcel: _____ Area (Acres): _____

I, _____, hereby certify that I fully understand the provisions of the City of Ringgold's erosion and sediment control ordinance and program, and that I accept responsibility for carrying out the erosion and sediment control plan for the above referenced project as approved by the City of Ringgold. I further understand that all land disturbing activities shall comply with the state minimum requirements as specified in O.C.G.A. § 12-7-6.

I further grant the right of entry onto this property, as described above, to the designated personnel of the City of Ringgold for the purpose of inspecting the monitoring for compliance with the aforesaid Ordinance.

Approved:

Authorized City Agent

Date