



MURRAY COUNTY GEORGIA
LAND DEVELOPMENT APPLICATION

Applicant: _____ Phone: () _____

Email address: _____

Property owner: _____ Phone: () _____
(If different from applicant)

Email address: _____
(If different from applicant)

Mailing address: _____

City: _____ State: _____ Zip: _____

Physical address of property: _____
(If different than above)

Type of building: *Frame* *Mfg. Home* *Commercial* Other: _____
(Circle one)

Description of work: _____

Square feet: _____

Mfg. Home: Brand: _____ Serial #: _____ Year: _____

I hereby certify that I have read and examined this application and know the same to be true and correct, and that I understand that it is my responsibility to adhere to the required setbacks and other provisions of the laws and ordinances applicable to the permit whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws regulating construction or the performance of construction. Permits are valid for a period of 1 (one) year from the date of issuance. The application fee is non-refundable once this form has been processed.

Signature of applicant: _____ Date: _____

Signature of property owner *(If different from applicant)* _____ Date: _____

Official Use Only

Tax map code: _____ Zone District: _____ Setbacks: S: _____ B: _____ F: 40 / _____

Are any County Taxes or Fees due?: *Yes* *No* Is Plat or Deed required?: *Yes* *No* Driveway permit?: *Yes* *No*

FEMA Flood Hazard area?: *Yes* *No* MS4 District?: *Yes* *No* Mtn Protection district?: *Yes* *No*

Is project disturbing 1.0 acres or more?: *Yes* *No* Is project within 200 feet of State waters: *Yes* *No*

Is project part of a Common development?: *Yes* *No* Is project area with 25' of warm water or 50' of trout stream?: *Yes* *No*

Attachments: Property Record _____ Pre-Bill _____ Decal# _____ Bill of sale/title _____ Aerial Photo _____ Zoning Map _____ Flood Map _____

Environmental Health

Septic permit #: _____ Date: _____ Notes: _____

Permitted by: _____ Date: _____
