



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

NOTICE OF TIMBER HARVESTING ACTIVITY

Timber Sale Acreage: _____ Date Submitted: _____

Estimated Completion Date of Activity: _____

THERE IS A 100 FT SETBACK ON CERTAIN TIMBER HARVESTING ACTIVITIES FROM THE EDGE OF PAVEMENT OF A STATE OR FEDERAL HIGHWAY PER THE CDP.

Check Appropriate: Landowner Timber Seller Legal Representative

Name of Applicant: _____

Address of Project Site: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number(s): (____) _____

Land Owner's Address (if different than site address): _____

City: _____ State: _____ Zip: _____

TIMBER BUYER INFORMATION

Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____

Emergency Phone: (____) _____

LOGGER/HARVESTER INFORMATION

Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____

Emergency Phone: (____) _____

OTC Number/County: _____

Timber Sale Type: Lump Sum Unit/Load Owner Harvest

Please attach/draw a map to identify (1) tract location, and (2) point(s) of ingress & egress from public road(s). Include identified points of reference, such as streams, public roads, right-of-ways, landmarks, map/parcel number, distances, etc., to ensure county acknowledgment and understanding of location.

Sketch



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PARCEL INFORMATION SHEET APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #41

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
<i>REQUIRED SETBACKS</i>		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST			
<input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification			
Signature of County Planner or Designee: _____ Date: _____			
Comments: _____			
CDP COMPLIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____	
Comments: _____			
PLAT APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____	
Comments: _____			
<u>APPROVED FOR NEW ADDRESS</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____	
Comments: _____			