



Engineering Department -537 Hemlock St Macon, GA-31201

FLOOD PLAIN DEVELOPMENT PERMIT

PERMIT NO. _____ DATE OF ISSUE _____ 20____ ISSUE-BY: _____

ADDRESS OF PROPERTY _____

PERMIT HOLDER: _____

PERMIT HOLDER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL _____

OWNER'S NAME _____ PROPOSED USE/DEVELOPEMENT _____

OTHER ALTERATIONS (SPECIFY): _____

TAX MAP NO. _____ LOT/PARCEL _____ FEMA-PANEL NO. _____ REVISED _____

PAYMENT-DETAILS _____

SUBJECT TO THE FOLLOWING CONDITIONS: _____

SUBDIVISION _____ BFE _____ REQUIRED LOWEST FLOOR ELEV _____

NOTE: IF CONSTRUCTION OF USE IS NOT BEGUN BY _____, 20____ THIS PERMIT IS NULL AND VOID (6 months after date of issue)

NOTE: THE ABOVE PERMIT IS ISSUED SUBJECT TO THE RULES AND REGULATIONS OF THE MACON-BIBB COUNTY HEALTH DEPARTMENT, MACON- BIBB COUNTY BUILDING INSPECTOR, AND ANY OTHER GOVERNMENTAL AGENCY WHOSE REGULATIONS MAY BE APPLICABLE.

THIS PERMIT IS CONTINGENT ON THE RETURN OF THE FEMA ELEVATION CERTIFICATE FORM. NO CONSTRUCTION BEYOND THE LOWEST FINISHED FLOOR IS TO PROCEED UNTIL THIS FORM HAS BEEN RECEIVED AND NOTICE TO PROCEED HAS BEEN GIVEN FROM THIS OFFICE.

CARE SHOULD BE TAKEN TO COMPLY WITH ANY DEED RESTRICTIONS AND PROPERTY/SETBACK LINES APPLICABLE TO THE ABOVE PROPERTY AS THE CITY/COUNTY ENGINEER'S OFFICE DOES NOT AUTHORIZE THE VIOLATION THEREOF NOR CAN IT BE HELD RESPONSIBLE FOR SAID VIOLATION OR IMPROVEMENT LOCATION ERROR.

ALL CONSTRUCTION OR USE RELATING TO THIS PERMIT MUST STRICTLY COMPLY WITH SITE PLANS OR OTHER PLANS SUBMITTED TO THE MWA,ENGINEER'S OFFICE AND ON FILE IN ITS OFFICE. CALL 478-464-5635 FOR ASSISTANCE.

THIS CERTIFICATE MUST BE POSTED in a conspicuous place during the entire construction period.

PERMIT HOLDER'S SIGNATURE: _____ DATE _____