City of Sky Valley
Development Department

Permits & Inspections
3444 Highway 246
Sky Valley, GA 30537

Phone: *706-746-2204*
Fax: *706-746-5893*
Email: *skyvalleycode@windstream.net*

RETAINING WALL PERMIT APPLICATION

SITE AND PROJECT INFO.

Application Date: ___ / ___ / ___ Check one: ☐ Non-Residential OR ☐ Residential

Site Address: _____ Construction Cost: $_____

Lot: _____ Block: _____ Building No.: _____ Suite No. _____ LDP No.: _____

Height above grade: _____ *Material: _____ Linear Ft/Length: _____

**Walls that are six (6) feet and over and that are poured Cast-In-Concrete require calculation details. See Minimum Requirements checklist*

Electronic Gate? ☐ Yes OR ☐ No Subdivision or Project Name: _____ Phase/Unit: _____

Number of Walls Permitted: _____ Location on Lot: _____

FOR ENTRANCE WALLS ONLY: Will this wall have a sign constructed on it? ☐ Yes OR ☐ No
If YES, provide Sign Permit Number: #_____

OWNER'S INFORMATION

_____
Owner Name

_____
Owner Mailing Address City State Zip Code

_____ _____ _____
Phone Fax E-Mail

CONTRACTOR'S INFO.

_____
Business Name Agent

_____
Business Address City State Zip Code

_____ _____ _____
Phone Fax E-Mail

Business License Number: _____ City or County Where Issued: _____

Escrow Account Number: _____

APPLICANT'S CERTIFICATION

I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing the Department of Environment and Community Development.

Applicant's Signature _____ Date _____

STAFF

FOR OFFICE USE ONLY	Application Accepted by:
	TOTAL FEE: $ _____

Retaining Wall Permit Fee $100.00

Other Poured Concrete $50.00