

Engineering / Community Development Department Retaining Wall Review / Permit Application

Concrete		Estimate of Construction Co	st	Review #
Masonry		(Materials and Labor)		Permit #
□ Wood		\$		
Project Information	Job Site Address:			
Design Professional	Name:			
Property Owner	Name:			
Contractor	Address: Email:			
Total	Length of Wall:	Maximum H	leight:	Wall Thickness:
NOTE: NO CHANGES shall be made from that which is stated in this application, or in attached plans or specifications. Revised application and revised plans must be submitted for any changes. At completion of the retaining wall, an engineer wall certification letter with original signature and stamp from the design professional must be submitted to the City. I certify that the above information is true and correct, and that all construction will be built to the current minimum building codes.				
Print Name Signature Date				Date
DO NOT WRITE BELOW THIS LINE – Office Use Only				
Plan Review Fee: <u>\$</u> Date: Accepted by:				:
Permit Fee: <u>\$</u> Date: Accepted by:				
Plans picked up by: Date:				

Phone: 770.704.1500 | 110 Academy Street | Canton, GA 30114