

City of Temple  
240 Carrollton Street  
P.O. Box 160  
Temple, Georgia 30179



Phone: 770-562-3369  
Fax: 770-562-9440  
www.templega.us

## 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: (\_\_\_\_) \_\_\_\_\_

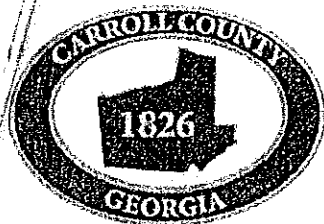
Emergency Phone: (\_\_\_\_) \_\_\_\_\_

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



# Carroll County Department of Community Development

423 College Street  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## PARCEL INFORMATION SHEET APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 <sup>ST</sup> :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
REQUIRED SETBACKS		FRONT	
		SIDE	
		REAR	
<b>CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST</b> <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: _____	
APPROVED FOR NEW ADDRESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Planner or Designee: _____ Date: _____ Comments: _____	