



SANDY SPRINGS
COMMUNITY DEVELOPMENT

RETAINING WALL PERMIT APPLICATION

CHECK ONE: FENCE OR RETAINING WALL

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 are required to be designed and certified by a State of Georgia Professional Engineer. See Minimum Requirements checklist

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

Number of Walls to be Permitted: _____ Location on Lot: _____

FOR ENTRANCE WALLS ONLY: Will this wall have a sign constructed on it? Yes No

If YES, provide Sign Permit Number: # _____

SITE AND PROJECT INFO.
OWNER'S INFORMATION
CONTRACTOR'S INFO.

Owner Name _____

Owner Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-Mail _____

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 _____

Processed by _____ Date _____

Please submit completed form and request inspections at <https://build.sandyspringsga.gov>.