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

OWNER CERTIFICATION / INDEMNIFICATION FOR RETAINING WALLS

(Owner Certification Required on Walls 4 feet to 6 feet high)

Project Name:	Date:
Property Owner Name:	
Property Owner Telephone:	
Representative Name:	
Representative Company/Firm Name:	
Representative Company/Firm Address:	
Representative Company/Firm City, State, Zip Code:	
Representative Company/Firm Telephone:	
Subdivision:	
Site Address:	
Site City/Zip Code:	
Land Lot(s): District(s):	Parcel(s):
LDP #:	
Wall Permit #:	
Date of Plans:	
Description and Location of Walls:	

I, ______, being the owner of said property or a representative for same, and being duly competent as regards retaining wall design and construction and knowledgeable of the requirements of S.V. development standards and ordinances, hereby certify with my signature below:

- That the plans I am submitting herewith for 4' 6' high retaining wall(s) are in good practice as regards drainage and structural stability;
- That said retaining wall(s):
 - 1. will not result in disturbance or erosion to other properties;
 - do/does not block, cross, or eliminate access to any easement, buffer, setback, detention/retention pond, or tree save area;
 - 3. will be constructed under the supervision of a qualified and registered design professional and licensed contractor; and,
 - 4. will result in a safe and code-conforming installation.

As the owner or his/her representative, I certify that I hereby indemnify and hold City of Sky Valley harmless from any and all claims resulting from the issuance of this permit.

Signature: ___

Date: _____