



Cherokee County Development Service Center
1130 Bluffs Parkway, Canton Georgia 30114
Phone 770-721-7810
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Application for a Retaining Wall Permit *to be used with walls 4ft and over*

Job address _____
City _____ State _____ Zip _____
Name of subdivision _____ Lot# _____
Name of property owner _____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____
Contractor Name _____ Email _____
Address _____ Phone _____
City _____ State _____ Zip _____ Email _____
What is the height of the proposed retaining wall? _____ Length? _____
What is the purpose of the wall? _____
What materials will the wall be constructed from? _____

Please include a engineered drawing and a site plan detailing the location of the retaining wall.

The undersigned, upon oath, states that the above information is true and correct, also understands that the permit
Issued is only for construction of the retaining wall as stated.
Applicant's Name _____
Applicant's Signature _____ Date _____