LAND DISTURBING PERMIT APPLICATION

COUNTY OF WASHINGTON, VIRGINIA

Building & Development Services Department

THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM BEFORE PERMIT MAY BE ISSUED

1. One (1) approved complete copy of ESC/SWM plans for the proposed land disturbing activity
2. Copy of DEQ Certified Responsible Land Disturber card
3. Virginia Contractor's License card of person to perform the grade work

OWNER INFORMATION :

OWNER NAME : _____ OWNER E-MAIL : _____

MAILING ADDRESS : _____ City : _____ State : _____ Zip Code : _____

Work Phone Number : _____ Mobile Phone Number : _____

PERMIT INFORMATION :

LAND DISTURBING ACTIVITIES IN EXCESS OF 10,000 Sq.Ft. WILL BE UNDERTAKEN ON THE FOLLOWING PARCEL(S)

PARCEL # 1: _____ SIZE : _____ PARCEL # 2: _____ SIZE : _____

County Tax Map Number Acres County Tax Map Number Acres

PARCEL # 3: _____ SIZE : _____ PARCEL # 4: _____ SIZE : _____

County Tax Map Number Acres County Tax Map Number Acres

DESIGNER INFORMATION:

Designer Company: _____ Contact E-mail: _____

Designer Contact Person: _____ Contact Phone #: _____

REASON FOR LAND DISTURBING ACTIVITY: _____

SURETY INFORMATION:

IN ACCORDANCE WITH THE APPROVED PLAN(S) SUBMITTED FOR THE ABOVE DESCRIBED PROJECT, THE TOTAL AREA SUBJECT TO LAND DISTURBING ACTIVITIES IS CALCULATED AS FOLLOWS:

TOTAL SqFt OF AREA TO BE DISTURBED: _____ @ $500.00 PER EACH 10,000 SqFt = $ _____ SURETY

* Surety & Land Disturbing Permit Fee to be paid after Plan is approved but prior to issuance of Land Disturbance Permit .
* The County may collect from Applicant additional monies in excess of Surety for corrective work, if performed.

EXCAVATION CONTRACTOR INFORMATION:

EXCAVATION CONTRACTOR NAME: _____ PHONE #: _____

CONTRACTOR MAILING ADDRESS: _____

Street Address or P.O.Box City State Zip Code

VIRGINIA CONTRACTOR LICENSE #: _____ LICENSE EXPIRATION DATE: _____

NAME OF CONTRACTOR'S MECHANICS LEIN AGENT: _____

MECHANICS LEIN AGENT ADDRESS: _____

Street Address or P.O.Box City State Zip Code

RLD NAME: _____ RLD #: _____ RLD E-MAIL: _____

APPLICANT CERTIFICATION AND SIGNATURE:

I, THE UNDERSIGNED, CERTIFY THAT I UNDERSTAND AND AGREE TO ABIDE BY THE PROVISIONS OF THE WASHINGTON COUNTY ESC/SWM ORDINANCE AND ACCEPT RESPONSIBILITY FOR CARRYING OUT THE APPROVED PLAN(S) FOR THE ABOVE DESCRIBED PROJECT. I AUTHORIZE OFFICIALS OF WASHINGTON COUNTY VIRGINIA OR ITS AGENTS TO ENTER UPON THE ABOVE REFERENCED PARCEL(S) FOR THE PURPOSE OF INSPECTION AND MONITORING OF COMPLIANCE WITH THE APPORVED ESC/SWM PLAN(S) AND TO PERFORM CORRECTIVE WORK SHOULD IT BE DEEMED NECESSARY.

APPLICANT SIGNATURE: _____ Date: _____ APPLICANT NAME: (PRINT) _____

FOR COUNTY USE ONLY:

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____