COUNTY OF WASHINGTON, VIRGINIA
Building & Development Services Department

LAND-DISTURBING PERMIT APPLICATION

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

⬇ PLEASE BRING ITEM(S) WITH YOU WHEN SUBMITTING FORM ⬇

1. Two (2) complete copies of the Erosion and Sediment Control Plan for the land-disturbing activity consistent with the standards contained within the "Virginia Erosion and Sediment Control Regulations" and the "Virginia Erosion and Sediment Control Handbook"
2. Completed Checklist for Erosion & Sedimentation Control Plans form
3. Virginia Certified Land Disturber License Card
4. Virginia Contractor's License Card of licensed contractor to perform work (if any)

OWNER INFORMATION

OWNER NAME: _____

OWNER MAILING ADDRESS:

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Home Telephone _____

Area Code & Work Telephone _____ Area Code & Mobile Telephone _____ E-mail _____

PERMIT INFORMATION

LAND-DISTURBING ACTIVITIES IN EXCESS OF 10,000 SqFT WILL BE UNDERTAKEN ON THE FOLLOWING PARCEL (S):

PARCEL #1: _____ (County Tax Map ID No.) PARCEL SIZE: _____ Acres	PARCEL #2: _____ (County Tax Map ID No.) PARCEL SIZE: _____ Acres
PARCEL #3: _____ (County Tax Map ID No.) PARCEL SIZE: _____ Acres	PARCEL #4: _____ (County Tax Map ID No.) PARCEL SIZE: _____ Acres

REASON FOR LAND-DISTURBING ACTIVITY: _____

E&S PLAN/DOCUMENT DESIGNER: _____ ( ) _____
Contact Telephone #

SURETY INFORMATION

IN ACCORDANCE WITH THE EROSION AND SEDIMENT CONTROL PLAN 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 & $100.00 Plan Review Fee to be paid after Plan is approved but prior to issue of Land-Disturbing Permit
*The County may collect from Applicant additional monies in excess of Surety for corrective work, if performed.
$25.00 Application Fee payable upon submission of this Application form.

EXCAVATION CONTRATOR INFORMATION

EXCAVATION CONTRACTOR NAME: _____ RLD No._____

VA CONTRACTOR LICENSE NO.: _____ LICENSE EXPIRATION DATE: _____

CONTRACTOR MAILING ADDRESS:

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Home Telephone _____

NAME OF CONTRACTOR'S MECHANICS LEIN AGENT: _____

MECHANICS LEIN AGENT MAIILING ADDRESS:

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ ( ) _____
Contact Telephone #

APPLICANT CERTIFICATION & SIGNATURE

I THE UNDERSIGNED CERTIFY THAT I UNDERSTAND AND AGREE TO ABIDE BY THE PROVISIONS OF THE WASHINGTON COUNTY EROSION AND SEDIMENT CONTROL ORDINANCE AND ACCEPT RESPONSIBILITY FOR CARRYING OUT THE EROSION AND SEDIMENT CONTROL PLAN FOR THE ABOVE-DESCRIBED PROJECT UPON PLAN APPROVAL. I AUTHORIZE OFFICIALS OF THE COUNTY OF WASHINGTON, VIRGINIA OR ITS AGENTS TO ENTER UPON THE ABOVE-REFERENCED PARCEL(S) FOR THE PURPOSE OF INSPECTION AND MONITORING OF COMPLIANCE WITH THE APPROVED EROSION AND SEDIMENT CONTROL PLAN 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: _____
Initials