



# Patrick County

## ESC and SWM Office

106 Rucker Street  
Stuart, VA 24171  
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## LAND DISTURBANCE COMPLAINT FORM

(Please complete all information known and return to office listed above)

DATE: \_\_\_\_\_

TYPE OF WORK BEING DONE (check all that apply): \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ IN A STREAM

COMPLAINANT FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

LAND OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_ DISTURBED ACREAGE (app. square feet): \_\_\_\_\_

LOCATION OF PROPERTY (Directions from Stuart):  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINANT COMMENTS / DESCRIPTION:  
\_\_\_\_\_  
\_\_\_\_\_

**ESC & SWM OFFICE USE ONLY**

DATE OF INSPECTION: \_\_\_\_\_

**ADMINISTRATOR COMMENTS / ACTION TAKEN:**

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**SIGNATURE OF ADMINISTRATOR**

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DATE