



SINGLE-FAMILY RESIDENCE VSMP PERMIT APPLICATION – FORM SWM-001SF

Patrick County SWM Office

P.O. Box 466/106 Rucker Stuart, VA 24174

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www.co.patrick.va.us

The following item must be submitted with this form before a permit will be issued:

- 1) Permit Fee Form (Form SWM-004).
- 2) Agreement in Lieu of a SWM Plan (Form SWM-005)

Applicant/Operator Name:		
Applicant/Operator Address:		
Applicant/Operator Phone:		Email:
Property Owner Name: <i>(if different from above)</i>		
Property Owner Address: <i>(if different from above)</i>		
Property Owner Phone: <i>(if different from above)</i>		Email:
Jobsite Address:		

Land-Disturbance Information	Land-disturbing activities totaling _____ acres will be undertaken on the following land parcel(s)	
	Parcel #1	Parcel #2
	Tax Map ID: _____	Tax Map ID: _____
	Parcel Size: _____	Parcel Size: _____
	Disturbed Area (ac): _____	Disturbed Area (ac): _____
Subdivision Lot #: _____	Subdivision Lot #: _____	
Parcel #3	Parcel #4	
Tax Map ID: _____	Tax Map ID: _____	
Parcel Size: _____	Parcel Size: _____	
Disturbed Area (ac): _____	Disturbed Area (ac): _____	
Subdivision Lot #: _____	Subdivision Lot #: _____	

Land-Disturbance Description (Briefly describe project, house size (sf), amount of driveway (sf), amount of planned yard (sf), etc.)	
Does a Site Plan Exist?	Yes: _____ No: _____
Does an Architect Plan Exist?	Yes: _____ No: _____
Licensed Contractor Information	Excavation or General Contractor Name: _____ VA State License #: _____ Exp. Date: _____ Contractor Mailing Address: _____ City/State/Zip: _____ Phone: _____ Email: _____
<p>I hereby certify that I am the owner of record of the property described herein, or that the proposed work has been authorized by the owner of the record and that I have been authorized to make this application as their designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such that shall be deemed a condition of entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the areas described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s), laws, and regulations.</p>	
Applicant Signature: _____ Date: _____	
OFFICE USE ONLY <p>Date Received: _____</p> <p>Received by: _____</p> <p>Tax Ticket Review:</p> <p><input type="radio"/> Paid <input type="radio"/> Unpaid</p> <p>Permit #: _____</p>	Notes: