



# SINGLE-FAMILY RESIDENCE LAND-DISTURBING PERMIT APPLICATION – FORM LDA-001

Patrick County ESC Office

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

Phone: 276-694-6094 Fax: 276-694-2160

[www.co.patrick.va.us](http://www.co.patrick.va.us)

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

- 1. Fully executed "Agreement in Lieu of a Plan" form.

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

<b>Land-Disturbance Information</b>	Land-disturbing activities in excess of 10,000 sq. ft. will be undertaken on the following land parcel(s)	
	Parcel #1	Parcel #2
	Tax Map ID: _____	Tax Map ID: _____
	Parcel Size: _____	Parcel Size: _____
	Subdivision Lot #: _____	Subdivision Lot #: _____
	Parcel #3	Parcel #4
	Tax Map ID: _____	Tax Map ID: _____
	Parcel Size: _____	Parcel Size: _____
	Subdivision Lot #: _____	Subdivision Lot #: _____

<p><b>Land-Disturbance Description</b>          (Briefly describe project, house size (sf), amount of driveway (sf), amount of planned yard (sf), etc.)</p>	
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<p><b>Does a Site/Layout Plan Exist?</b></p>	<p>Yes:____ No:____</p>
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<p><b>Licensed Contractor Information</b></p>	<p>Contractor Name:_____</p> <p>VA State License #:_____ Exp. Date:_____</p> <p>Contractor Mailing Address:_____</p> <p>City/State/Zip:_____</p> <p>Phone:_____</p> <p>Email:_____</p>
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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.

**Applicant Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

<p><b>OFFICE USE ONLY</b></p> <p>Date Received:_____</p> <p>Received by:_____</p> <p>Tax Ticket Review:</p> <p><input type="radio"/> Paid</p> <p><input type="radio"/> Unpaid</p> <p>Permit #:_____</p>	<p><b>Notes:</b></p>
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