

LAND DISTURBING PERMIT - PATRICK COUNTY



Permit Number: _____

Project Name & Address: _____

Permit Issued to:
(Owner Name & Address) _____

Owner Contact Person: _____ Contact Phone No: _____
Contact email: _____
(email used for processing communications)

Contractor of Record: _____ VA License No: _____
_____ Class A, B, or C: _____
_____ Lic. Exp. Date: _____

Contractor RLD Name & No.: _____ RLD Phone No: _____

Description of Work: _____

Date of Application: _____

Permit Effective Date: _____ Permit Expires: _____
(Should work not be completed by the expiration date, the permit will require renewal for a period of an additional year)

Total Acreage Disturbed: _____ Permit Fee: _____

Bond Amount: _____

I, _____, certify that by signing this document I fully understand the provisions of the Patrick County Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for carrying out those provisions during construction/maintenance of this project. It is understood that I am required by both county ordinance and state law to construct this project in strict accordance with the provisions of the approved E&S Plan and all applicable Virginia state laws. In this regard I agree to work with Patrick County's E&S Inspector or other county representatives in determining what E&S measures are required and I further agree to abide by those requirements, realizing that there may be additional requirements, depending on field conditions. Should other E&S measures be required I understand that the county has the authority to make that determination and I have the responsibility to comply. I am aware of the necessity for applying proper and complete erosion and sediment control measures to this project and understand that this project will be inspected and monitored for compliance by county personnel, and for the purposes of performing such inspections and monitoring, I hereby grant county personnel right-of-entry onto any or all properties affected by the work covered by this permit. Further, it is understood that I accept full and complete responsibility for all work performed on this project.

APPLICANT: _____
Signature Date

APPROVED BY: _____
Mark A. Vernon, ESC Combined Administrator Date