



Patrick County

ESC and SWM Office

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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:

SIGNATURE OF ADMINISTRATOR _____

DATE _____