



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

Patrick County SWM Office

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

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

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.)	
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Does a Site Plan Exist?	Yes: ____ No: ____
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Does an Architect Plan Exist?	Yes: ____ No: ____
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Licensed Contractor Information	Excavation or General Contractor Name: _____ VA State License #: _____ Exp. Date: _____ Contractor Mailing Address: _____ City/State/Zip: _____ Phone: _____ Email: _____
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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:** _____

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