



ESSEX COUNTY - VIRGINIA

APPLICATION FOR LAND DISTURBING PERMIT

Fee \$ _____

Project File # _____

Date of Application _____

Permit Effective Date _____

Applicant (full name): _____ Business Phone: _____

Applicant's Address: _____

Landowner (full name): _____ Business Phone: _____

Landowner's Address: _____

Plan Prepared by: _____

Project (name & description): _____

Location: _____

Tax Map: _____ Parcel: _____ Area = _____ sq.ft.

I, _____ (signature), hereby certify that I fully understand the provisions of the Essex County Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for carrying out the Erosion and Sediment Control Plan for the above-referenced project as approved by the County.

I further grant the right-of-entry on to this property, as described above, to the designated personnel of Essex County for, the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Plan and specifications must be attached.

APPROVED

Program Administrator: _____ Date: ____ / ____ / 20____

County Administrator: _____ Date: ____ / ____ / 20____

Received \$ _____, From: _____

Date: ____ / ____ / 20____ Treasurer: _____