



Department of Development Services
Land-Disturbing Permit Application

Received By:

Date:

Security A/P:

PROJECT INFORMATION

PROJECT TITLE: _____ PLANNING A/P: _____
TAX MAP #(s): _____ SECTION: _____ DISTURBED ACRES: _____
ADDRESS: _____

CONTACT PERSON INFORMATION

NAME: _____ EMAIL: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LANDOWNER INFORMATION

NAME: _____ EMAIL: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SITE CONTRACTOR INFORMATION

CONTRACTOR/COMPANY: _____
CONTACT NAME: _____ EMAIL: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
SIGNATURE: _____ VIRGINIA CONTRACTORS LICENSE #: _____
LICENSE CLASS: _____ LICENSE DESIGNATION: _____ EXPIRATION DATE: _____

By signing the above, I certify that (1) I am duly licensed under the Virginia Code to perform the work contemplated by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

OWNER'S CERTIFICATION (PERMITTEE)

The undersigned property owner certifies that he/she is responsible for complying with Stafford County's Erosion and Sediment Control Ordinance and Program, Chapter 11 of the Stafford County Code, and accepts responsibility for carrying out and complying with the County approved Erosion and Sediment Control and Stormwater Management Plan for the above referenced project. The undersigned property owner grants permission to access to the subject property to Stafford County, its employees and/or agents for the purpose of inspecting and/or completing erosion and sediment control measures. The undersigned further consents to receive inspection reports electronically. I understand that a final inspection by the Environmental Programs section of the Development Services Department must be requested and all land-disturbing activities found in compliance in order for the security to be released.

OWNER NAME and TITLE: _____

SIGNATURE: _____ DATE: _____

For corporate entities, provide articles of incorporation, SCC information, or other evidence supporting signature authority.

RESPONSIBLE LAND DISTURBER'S CERTIFICATION

The undersigned certifies that he/she is the Responsible Land Disturber for this Project (attach a copy of RLD Certificate).

NAME: _____ RLD CERTIFICATE #: _____
SIGNATURE: _____ DATE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

PERMIT (To be completed by Department of Development Services)

PROJECT TITLE: _____ VSMP PERMIT#: _____
E&SC PLAN APPROVAL DATE: _____ PLAN PREPARED BY: _____
APPROVED BY: _____ DATE: _____
(Program Administrator or Designee)
PERMIT DURATION: _____ EXPIRATION DATE: _____