



OFFICE PHONE: 540-839-7236  
FAX: 540-839-7222

PERMIT NUMBER: \_\_\_\_\_

**CHECK LIST (Check those completed and attach appropriate forms, date, etc.)**

☐ Approved Plan
 ☐ Assurity Enclosed  
☐ Copy of RLD (Responsible Land Disturber) Certification  
☐ Application Fully Filled Out
 ☐ Copy of Plans at Site  
☐ DEQ letter verifying coverage under the general - Storm Water/E&S Control Plan Review.

- **Name:** \_\_\_\_\_
- **Mailing Address:** \_\_\_\_\_
- **Physical Address: (If different from mailing address)** \_\_\_\_\_  
\_\_\_\_\_
- **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone / Email:** \_\_\_\_\_
- **Directions to Property: (From the Bath Co. Courthouse in Warm Springs)**  
\_\_\_\_\_  
\_\_\_\_\_
- **Total Acreage of Property:** \_\_\_\_\_
- **Average of Area to Be Disturbed:** \_\_\_\_\_
- **Cost of project:** \$ \_\_\_\_\_

## APPLICANT INFORMATION

- Applicant Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## ENGINEER'S INFORMATION

- Name: \_\_\_\_\_
- Firm: \_\_\_\_\_
- Address: \_\_\_\_\_
- State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone / Email: \_\_\_\_\_
- Project Name: \_\_\_\_\_

Detailed Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ASSURITY INFORMATION

- Type: \_\_\_\_\_
- Institution: \_\_\_\_\_
- Contact Name/Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Amount: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_

## RLD INFORMATION & CERTIFICATION

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_
- Inspection Contact Number(S) \_\_\_\_\_
- Certification: \_\_\_\_\_

### CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and I agree to conform to all applicable laws of this jurisdiction. I grant the right of entry to appropriate county personnel for evaluation.

Applicant Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

#### ZONING

Tax Parcel Map Number \_\_\_\_\_ Zoning \_\_\_\_\_

Magisterial District \_\_\_\_\_ Flood Zone \_\_\_\_\_

Sherry Ryder, Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

#### E&S

Plan Approval/Disapproval Date: \_\_\_\_\_ Hydrological Unit \_\_\_\_\_

Permit Approved ☐ Permit Disapproved ☐

\_\_\_\_\_  
T. A. Seabolt, E & S Administrator

\_\_\_\_\_  
Date

Revised 2019-24-04