COUNTY OF CULPEPER

DEPARTMENT OF DEVELOPMENT (540) 727-3404 Fax #: (540) 727-3461

302 North Main Street Culpeper, Virginia 22701



DATE OF APPLICATION: _____ DATE OF APPROVAL: _____ DATE OF EXPIRATION: _____

APPLICATION FOR LAND DISTURBING PERMIT

RESPONSIBLE LAND DISTURBER NAME & CERTIFICATION NUMBER:

		(Phone)	
PROJECT NAME:			
APPLICANT:		(Phone)	
(Address)		(Email)	
LANDOWNER:		(Phone)	
(Address)		(Email)	
PLANS PREPARED BY:			
PROJECT:(Description)			
TAX MAP/PARCEL NO	DISTURBED AREA	=Sq.F	t./Acres
l, (Signature)	, hereby certify t	hat I fully understand the j	provisions of the
Culpeper County Erosion & Sedime Handbook. It is further understood t maintained during construction.	ent Control Ordinance and	the Virginia Erosion &	Sediment Contro
I accept full responsibility for car referenced project as approved b			an for the above
I further grant the right-of-entry or Culpeper County for the purpose Ordinance.			
Fee Received By:	Date:	Amount Due: <u>\$</u>	
Approved:		Date:	

(Erosion/Sediment Administrator)