County of Bath
Building, Planning & Zoning
65 Courthouse Hill Road
P. O. Box 216
Warm Springs, VA 24484

EROSION & SEDIMENT – LAND DISTURBANCE PERMIT
(**Please Make Checks Payable to Bath County Treasurer**)

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

PERMIT NUMBER: _____

Please contact the building office for application costs and questions concerning this application. Approval of this application is based upon information submitted by the applicant and the following checklist is a useful tool. **All fees will be calculated by the office staff at the time of application submittal.**

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

_____ Approved Plan
_____ Copy of RLD (Responsible Land Disturber) Certification
_____ Application Fully Filled Out
_____ Copy of Plans at Site
_____ Assurity Enclosed

PROPERTY OWNER INFORMATION

- NAME: _____
- MAILING ADDRESS:_____

  PHYSICAL ADDRESS: (If different from mailing address) _____

  _____
- STATE: _____ ZIP CODE _____PHONE:_____
- DIRECTIONS TO PROPERTY: (From the Bath County Courthouse in Warm Springs)

  _____

  _____

  _____
- TOTAL ACREAGE OF PROPERTY: _____
- AVERAGE OF AREA TO BE DISTURBED: _____

APPLICANT INFORMATION

- Applicant Name: _____
- Mailing Address: _____
- State: _____ ZIP: _____ PHONE: _____

ENGINEER'S INFORMATION

- NAME:_____
- FIRM: _____
- ADDRESS:_____
- STATE:_____ ZIP CODE:_____PHONE:_____
- PROJECT NAME: _____

Detailed Job Description: _____

_____

_____

ASSURITY INFORMATION

- Type: _____
- Institution: _____
- Contact Name/Info: _____
- _____
- Amount: _____
- Expiration Date: _____

RLD INFORMATION & CERTIFICATION

- NAME: _____
- ADDRESS: _____

- STATE: _____ZIP CODE: _____ PHONE: _____
- 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

Hydrological Unit _____ Tax Map # _____

Magisterial District _____ Zoning _____

PLAN APPROVAL/DISAPPROVAL DATE: _____

_____ APPROVED _____DISAPPROVED

_____ _____

T. A. Seabolt, E & S Administrator Date

Created on 6-27-07