

**HANOVER COUNTY PUBLIC WORKS DEPARTMENT**

**Telephone: (804) 365-6181 Fax: (804) 365-6233**

**SPR # \_\_\_\_\_ E&S File # \_\_\_\_\_**

**P/Z H.T.E. # \_\_\_\_\_**

**B/P H.T.E. # \_\_\_\_\_**

Date of Filing \_\_\_\_\_

**APPLICATION FOR LAND DISTURBANCE PERMIT**

Filing of this application with required fees, approved plans and required security at the office of the Department of Public Works is necessary to constitute an application for a Land Disturbance Permit.

**Application to be completed by the Applicant**

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(First Name) (M.I.) (Last Name)

Email \_\_\_\_\_ Address \_\_\_\_\_  
(Street and / or P.O. Box) (City) (State) (Zip)

Landowner \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_  
(Street and / or P.O. Box) (City) (State) (Zip)

PROJECT TITLE \_\_\_\_\_

GPIN(S) # \_\_\_\_\_ Acreage of Land Disturbance \_\_\_\_\_

**Owner's Certification**

*The undersigned owner certifies that he/she is responsible for complying with the Hanover County Erosion and Sediment Control Program, Ch. 10, Art. 1 of the Hanover County Code, and for complying with the County approved Erosions and Sediment Control Plan for this project. The undersigned owner grants permission for access to the subject property, to Hanover County, its employees and/or agents for the purpose of inspecting and/or completing erosion and sediment control measures. I understand that a final inspection by the Department of Public Works must be requested and all land disturbance found to be in compliance, in order for the security to be released.*

\_\_\_\_\_  
Signature of Land Owner

\_\_\_\_\_  
Printed Name and Title of Land Owner

**Responsible Land Disturber's Certification**

*The undersigned certifies that he/she is the Responsible Land Disturber for this Project.*

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Certificate # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PERMIT**

(To be completed by the Department of Public Works)

Project Title \_\_\_\_\_ VSMP Construction Permit: \_\_\_ Yes \_\_\_ Not Required

Erosion and Sediment Control Plan Approval Date \_\_\_\_\_ Plan Prepared By \_\_\_\_\_

Bond Type \_\_\_\_\_ Bond Number \_\_\_\_\_ Bond Amount \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
(Director of Public Works or Designee)

Permit Duration \_\_\_\_\_ Permit Expiration Date \_\_\_\_\_

**THIS PERMIT MUST BE KEPT ON THE WORK SITE AND SHOWN WHEN REQUESTED**

*Inspection history can be obtained by calling (804) 365-6036 or visiting us on the web at  
<https://www.hanovercountyvirginia.org/Click2GovBP/index.html> DPW 01/26/17*