TOWN OF CULPEPER
APPLICATION FOR LAND DISTURBING PERMIT

Project File # _____
Date of Application _____
Permit Effective Date _____
Permit Expires _____

Applicant: _____
(Full Name) (Business Phone)

Landowner: _____
(Full Name) (Business Phone)

_____
(Address)

Plan prepared by: _____

Project Name & Description: _____

Location: _____

Tax Map _____ **Parcel**_____ **Area =** _____**sq. ft.**

Name of Responsible Land Disturber: _____
(Full Name)

_____
(Day Time Phone) (Certification Number)

VSMP General Permit (DCRO1) Permit Number: _____

I hereby certify that I fully understand the provisions of the Town of Culpeper Erosion and Sediment Control Ordinance and Program, and I accept responsibility for carrying out the Erosion and Sediment control Plan for the above referenced project as approved by the Town.

I further grant the right-of-entry onto this property, as described above, to the designated personnel of the Town of Culpeper for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Signed: _____ **Date** _____
(Owner)

Signed: _____ **Date** _____
(Zoning Inspector/E&S Inspector)

PLEASE CONTACT GARY COLE, ZONING INSPECTOR at (540-522-6907)
PRIOR TO BEGINNING YOUR PROJECT.