



LANDING DISTURBING PERMIT APPLICATION – FORM LDA-001

Grayson County Building Department

P.O. Box 217, Independence, VA 24348

Phone: 276-773-2322 Fax: 276-773-0305

276-236-8149 X 148

Toll Free: 1-800-752-5117

www.graysongovernment.com

The following must be submitted with this form before permits are issued:

1. Two (2) copies of the Erosion & Sediment Control Plan for the land-disturbing activity consistent with the standards contained within the "Virginia Erosion & Sediment Control Handbook".
2. Virginia Certified Land Disturber License Card
3. Virginia Contractor's License Card of licensed contractor to perform work (if any)

Applicant Name								
Applicant Address								
Applicant Phone		Email:						
Property Owner Name <i>(if different from above)</i>								
Property Owner Address								
Owner Phone		Email:						
Job Site Address								
Permit Information Land-Disturbing	Land disturbing activities in excess of 10,000 sq. ft. will be undertaken on the following parcel(s)							
	<table border="1"> <thead> <tr> <th>Parcel #1</th> <th>Parcel #2</th> </tr> </thead> <tbody> <tr> <td>Tax Map ID: _____</td> <td>Tax Map ID: _____</td> </tr> <tr> <td>Disturbance Size: _____</td> <td>Disturbance Size: _____</td> </tr> </tbody> </table>			Parcel #1	Parcel #2	Tax Map ID: _____	Tax Map ID: _____	Disturbance Size: _____
Parcel #1	Parcel #2							
Tax Map ID: _____	Tax Map ID: _____							
Disturbance Size: _____	Disturbance Size: _____							
	E&S Plan/Document Designer: _____							
	Address: _____							
	Phone: _____							

Reason for Land-Disturber Activity (Briefly describe project)	
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Licensed Contractor Information OR <input type="checkbox"/> Owner Affidavit (provide Form AFF1100)	Excavation Contractor Name: _____ VA State License #: _____ Exp. Date: _____ Contractor Mailing Address: _____ City/State/Zip: _____ Phone: _____ Estimated Construction Cost \$ _____ RLD#: _____
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I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of the record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the areas described herein at any responsible hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant Signature: _____ **Date:** _____

OFFICE USE Date Received: _____ Received By: _____ Tax Ticket Review: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid Permit #: _____ Plan Review: _____
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Notes:
