



Land Disturbance Clearing / Grubbing Permit Application

Project Name _____

Project Address _____

Project Type _____ District _____ Land Lot _____ Parcel(s) _____

Zoning _____ Number of Lots _____ Site Acres _____ Disturbed Acres _____ Sewer or Septic _____

PROPERTY OWNER:

CONTRACTOR: Attach documentation*

Company: _____

Company: _____

Contact Name: _____

Contact Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Undersigned upon oath states that the above information is true and correct, understands that the permit issued is only for the work stated above, has understood fully the limits and permissible work covered by this permit, and that all work performed must fully comply with City, State and Federal regulations.

Applicant's Signature: _____ Date: _____

Issuing Clerk's Signature: _____ Date: _____

****NOTE: PROOF OF OCCUPATIONAL TAX (BUSINESS LICENSE), STATE LICENSE and PROPERTY DAMAGE LIABILITY INSURANCE MUST BE PROVIDED FOR GENERAL CONTRACTOR PRIOR TO PERMIT ISSUANCE.**

Plan Review Fee: _____ Paid by: _____ Date: _____

Permit Fee: _____ Paid by: _____ Date: _____

City NPDES Fee: _____ Paid by: _____ Date: _____

State NPDES Fee: _____ Paid by: _____ Date: _____

NPDES NOI Submitted by: _____ Date: _____ (provide copy of receipt)

Erosion Control Affidavit Submitted by: _____ Date: _____

Erosion Control Bond Amount: _____ Delivered by: _____ Date: _____

NOTE: Initial review begins on the date complete plans/plat and signed ROUTE SHEET (if app) are submitted and fee is paid.

City Use Only	
Development Plan Submittal Date: _____	Total City Fee(s):\$ _____
Paid by: _____	Receipt/Ck#: _____ Permit #: _____

development permit clearing or grubbing application 2016