



# Land Disturbance/ Development Permit Application

Clearing     Clearing & Grubbing     Grading (Limited)     Site Development

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 (\$3K/ac): \_\_\_\_\_ Delivered by: \_\_\_\_\_ Date: \_\_\_\_\_

BMP Maintenance Agreement Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

BMP Maintenance Bond Amount: \_\_\_\_\_ Delivered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

**City Use Only**

Development Plan Submittal Date: \_\_\_\_\_ Total City Fee(s):\$ \_\_\_\_\_

Paid by: \_\_\_\_\_ Receipt/Ck#: \_\_\_\_\_ Permit #: \_\_\_\_\_