



**Commercial/Industrial Site
Development Land
Disturbing Permit**

COUNTY OF NEW KENT, VIRGINIA
WEB SITE: WWW.CO.NEW-KENT.VA.US

Office Use Only	
Project File #:	_____
Date Received:	_____
Fee: \$550.00 base:	\$ _____
+ \$60 per acre:	\$ _____
Plan Rev/Insp. \$250.00	\$ _____
+ \$60 per acre:	\$ _____
VSMP Fee:	\$ _____
TOTAL PAID:	\$ _____

◆ Environmental Department ◆ PO Box 150 ◆ 12007 Courthouse Circle ◆ New Kent, VA 23124 ◆
◆ Phone 804-966-8580 ◆ Fax 804-966-8531 ◆

PROPERTY OWNER

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

APPLICANT AND/OR CONTACT

Name: _____ Phone: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

SITE PLAN PREPARED BY

Name: _____ Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

PROJECT INFORMATION

Location: _____
 Project Name: _____
 GPIN: _____ Tax Map: _____
 Zoning of Land to be disturbed: _____ Parcel Area: _____ acre(s)
 Health Department Permit Number: _____ Disturbed Area: _____ acre(s)

RESPONSIBLE LAND DISTURBER

Name: _____ Email: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Cert. No./Type: _____ Expiration Date: _____
 Signature of Land Disturber: _____ Date: _____

I, _____ (Print Name of Owner or Applicant), hereby certify that I fully understand the provisions of the NEW KENT COUNTY Development Ordinances regarding Erosion and Sediment Control, Stormwater Management, and Chesapeake Bay Preservation. By signing, I accept responsibility for carrying out the provisions of the approved site plan for the above referenced project. I hereby grant the right of entry onto the property to duly authorized New Kent County staff for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinances. I further understand that this permit is valid for twelve (12) months following the date of issue, unless closed sooner. Renewal fees must be submitted within seven (7) days of expiration or the permit may be revoked.

Signature of Owner Date Signature of Applicant (if applicable) Date

Approved:	
Local Program Administrator	Date
<input type="checkbox"/> IF CHECKED, PERMIT IS APPROVED WITH CONDITIONS.	