



SCREENING FORM FOR AGRICULTURAL ACTIVITY

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

Office Use Only	
Project #:	_____
Date Received:	_____

◆ Community Development Department – Environmental Division ◆ 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(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

PROPERTY INFORMATION *(Attach a copy of the plot plan)*

Location: _____
 GPIN: _____
 Tax Map: _____ Lot Size: _____
 Disturbed Acreage: _____
 Intent of Project/Business Plan: *(you may use additional pages if necessary, or attach a sketch)*

I, _____ *(Print Name of Owner)* hereby certify that I must comply with the provision of Article II, Chesapeake Bay Preservation Areas and the NEW KENT COUNTY Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for disturbance and stabilization for the above referenced project location as approved by the County. I grant the right of entry onto this property, as described above, to the designated personnel for NEW KENT COUNTY for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance. I further understand that this screening is valid for twelve (12) months following the date of issue, unless closed sooner.

 Owner Signature Date Owner Signature Date

Land Disturbance Permit Needed: <input type="checkbox"/>	No Land Disturbance Permit Needed: <input type="checkbox"/>
_____ Signature of E&S Administrator/Date	_____ Signature of E&S Administrator/Date

Conditions: _____