



**SCREENING FORM FOR ON-SITE
VEGETATION MULCHING
OPERATIONS**

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

OFFICE USE ONLY	
Project #:	_____
Date Received:	_____

◆ 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

Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

PROPERTY OWNER (Attach a copy of the plot plan showing limits of clearing)

Location: _____
 GPIN: _____
 Tax Map: _____ Lot Size: _____
 Cleared Acreage: _____
 Presence of Streams or Wetlands: Yes No
 Intent or Project Plan: (*attach a sketch*) _____

 Mulching Machine Type: _____ Make: _____ Model: _____

I hereby certify that I fully understand the provisions of the New Kent County Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for carrying out necessary Erosion and Sediment Controls for the above referenced project location as needed or required by the County. I hereby certify that I fully understand the provisions and requirements of the New Kent County Waterways Ordinance, and that I accept responsibility for encroachments into any Resource Protection Area that may exist, including the 100' buffer that is an integral part of the Resource Protection Area. 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 Ordinances.

Owner Signature _____ Date _____ Owner Signature _____ Date _____

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