

CITY OF LAVONIA
APPLICATION FOR LAND-DISTURBING PERMIT

DATE OF APPLICATION _____ 20____

PERMIT EFFECTIVE DATE _____ 20____

PERMIT EXPIRES _____ 20____

APPLICANT _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

LANDOWNER _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLAN PREPARED BY _____

PROJECT _____

LOCATION _____ ACRES _____

I, _____ HEREBY CERTIFY THAT I FULLY
(APPLICANT SIGNATURE)

UNDERSTAND THE PROVISIONS OF THE CITY OF LAVONIA EROSION AND SEDIMENT CONTROL ORDINANCE AND THAT I ACCEPT THE RESPONSIBILITY FOR CARRYING OUT THE E & S CONTROL PLAN FOR THE ABOVE REFERENCED PROJECT AS APPROVED BY THE CITY.

I FURTHER GRANT THE RIGHT-OF-ENTRY ONTO THIS PROPERTY, AS DESCRIBED ABOVE, TO THE DESIGNATED PERSONNEL OF THE CITY OF LAVONIA FOR THE PURPOSE OF INSPECTING AND MONITORING FOR COMPLIANCE WITH THE AFORESAID ORDINANCE.

APPROVED _____ **DISAPPROVED** _____ **RE-SUBMIT** _____

(PROGRAM ADMINISTRATOR) DATE _____ 20____