



**CITY OF LEWISBURG  
SMALL RESIDENTIAL  
LAND DISTURBANCE PERMIT**

**APPLICATION FORM  
(FOR SITES LESS THAN 1 ACRE)**

<b>OFFICE USE ONLY</b>	
Permit No:	
Date Issued:	

**1. APPLICANT** (Please check if Applicant is the landowner or designated Agent\*)

NAME		<input type="checkbox"/> LANDOWNER	<input type="checkbox"/> DESIGNATED AGENT
MAILING ADDRESS		AREA CODE / PHONE NUMBER	
CITY	STATE	ZIP CODE	Area Code / Fax Number
*Designated Agent must attach a written statement from landowner authorizing him/her to secure a permit in the landowner's name			

**2. SITE LOCATION**

STREET ADDRESS	
SUBDIVISION NAME (IF APPLICABLE)	LOT NUMBER(S)
TAX MAP NUMBER	PARCEL NUMBER

**3. PROPOSED LAND DISTURBANCE** (Please attach a copy of Property Plat with Application)

PROJECT TYPE: 1. <input type="checkbox"/> New Home      2. <input type="checkbox"/> Borrow Pit      3. <input type="checkbox"/> Other, If Other Specify _____		
PROJECT PURPOSE	SIZE OF STRUCTURE (SQUARE FEET)	SIZE OF TOTAL LAND DISTURBANCE (SQ. FT.)
PROPOSED START DATE OF PROJECT	PROPOSED COMPLETION DATE OF PROJECT	
Attached Property Plat shall contain a sketch of the location of the development.		

**4. STORMWATER MANAGEMENT ITEMS**

Is there a stream located within 100 feet of the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a drainage ditch located within 50 feet of the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the development cause a significant change in the direction of stormwater flows on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the development cause a significant change in the amount of stormwater flows on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the development cause a partial or complete blockage of any existing watercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will an existing watercourse need to be re-routed to make room for the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5. CERTIFICATION**

I hereby acknowledge that to the best of my knowledge the information contained herein is true and correct, and I hereby agree to comply with all applicable provisions of the Codes of the City of Lewisburg, Tennessee.			
LANDOWNER OR DESIGNATED AGENT	PRINT NAME	SIGNATURE	DATE

-----FOR CITY USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE-----

Permit Review Fee \$ _____	Date Paid _____
Stormwater Protection Permit Approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ City of Lewisburg Approval	_____ Approval Date