



CITY OF LEWISBURG
LAND DISTURBANCE PERMIT

OFFICE USE ONLY

Permit No:

Date Issued:

APPLICATION FORM (LONG)

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

PROJECT TITLE			
NAME		<input type="checkbox"/> LANDOWNER <input type="checkbox"/> DESIGNATED AGENT	
MAILING ADDRESS			AREA CODE/PHONE NUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS
*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

PROJECT TYPE: 1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Multi-Family 3. <input type="checkbox"/> Commercial 4. <input type="checkbox"/> Industrial 5. <input type="checkbox"/> Other	
PROJECT PURPOSE	SIZE OF DISTURBANCE (ACRES OR SQUARE FEET)
NAME OF RECEIVING STREAM	APPROXIMATE DISTANCE TO RECEIVING STREAM (FEET)
PROPOSED START DATE OF PROJECT	PROPOSED COMPLETION DATE OF PROJECT

4. STORMWATER POLLUTION PREVENTION PLAN (SWPPP)

A STORMWATER POLLUTION PREVENTION PLAN HAS BEEN PREPARED FOR THE SITE <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, APPLICATION IS INCOMPLETE)	
NAME OF SWPPP PREPARER	PHONE # OF PLAN PREPARER
A COPY OF THE SWPPP MUST BE SUBMITTED WITH THE PERMIT APPLICATION.	

5. CONTRACTOR INFORMATION

NAME OF CONTRACTOR TO PERFORM LAND DISTURBANCE		ADDRESS OF CONTRACTOR	
CITY	STATE	ZIP CODE	AREA CODE / PHONE NUMBER
NAME OF INDIVIDUAL "ON SITE" RESPONSIBLE FOR EROSION CONTROL		COMPANY NAME	
CITY	STATE	ZIP CODE	CELLPHONE #
HAS PERSON RESPONSIBLE FOR EROSION CONTROL ATTENDED THE STATE OF TENNESSEE "FUNDAMENTALS OF EROSION PREVENTION AND SEDIMENT CONTROL?"			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

**LAND DISTURBANCE AND STORMWATER PROTECTION PERMIT
APPLICATION FORM (CONTINUED)**

6. STATE PERMITS

IF LAND DISTURBANCE IS TO BE GREATER THAN 1 ACRE IS NOI FOR COVERAGE UNDER TENNESSEE CONSTRUCTION STORMWATER GENERAL PERMIT ATTACHED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAS COVERAGE UNDER THE STATE PERMIT ALREADY BEEN RECEIVED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF RECEIVING STREAM:		
IS RECEIVING STREAM LISTED ON THE STATE 303D LIST FOR SEDIMENTATION?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE ANY OTHER STATE OR FEDERAL PERMITS (OTHER THAN STORMWATER) REQUIRED FOR THIS OPERATION PRIOR TO START OF CONSTRUCTION?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF OTHER PERMITS ARE REQUIRED PRIOR TO CONSTRUCTION; LIST TYPES AND STATUS:	TYPE OF PERMIT	STATUS OF PERMIT
	TYPE OF PERMIT	STATUS OF PERMIT
	TYPE OF PERMIT	STATUS OF PERMIT

7. ADDITIONAL INFORMATION

PROVIDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WILL BE HELPFUL IN THE ANALYSIS OF THIS PERMIT APPLICATION
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8. 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
CONTRACTOR	PRINT NAME	SIGNATURE	DATE

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

Permit Review Fee \$ _____	Date Paid _____
Date of Pre-Construction Conference _____	
Stormwater Protection Permit Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
City of Lewisburg Approval	Approval Date