



**LAND DISTURBANCE PERMIT APPLICATION**

**FOR OFFICE USE ONLY:**

Permit Number \_\_\_\_\_ Fee \_\_\_\_\_ Date of Application \_\_\_\_\_

Permit Effective Date \_\_\_\_\_ Permit Expiration Date \_\_\_\_\_

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Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Landowner \_\_\_\_\_

Address \_\_\_\_\_

Plan prepared by \_\_\_\_\_

Project Type & Description \_\_\_\_\_

Location \_\_\_\_\_

Tax Map & Parcel \_\_\_\_\_ Area= \_\_\_\_\_ sq. ft.

I, \_\_\_\_\_ hereby certify that I fully understand the provisions of the City of Greensboro Erosion and Sediment Control Ordinance and program, and that I accept responsibility for carrying out the Erosion and Sediment 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 Greensboro for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance.

Approved

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(Zoning Administrator)

(Date)

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(Other Official)

(Date)