



EROSION & SEDIMENT CONTROL APPLICATION

CITY OF WAYNESBORO, PUBLIC WORKS/ENGINEERING

A.) SITE INFORMATION:

Subdivision Name: _____

Property Address: _____

Tax Map No.: _____ Total Area of Site: (Acres/SqFt) _____

Will there be stormwater management for this site? YES NO

B.) APPLICANT INFORMATION:

Property Owner of Record: _____
(Printed)

Address: _____
(Street Address) (City, State, Zip)

Email Address: _____ Phone #: _____

*Applicant Name: _____
(Printed)

Address: _____
(Street Address) (City, State, Zip)

Email Address: _____ Phone #: _____

- If applicant is not property owner of record, the Power of Attorney Form is required (Form A-2).

D.) LICENSED PROFESSIONAL (Professional Engineer or Land Surveyor):

Firm Name: _____ Contact Name: _____
(Printed) (Printed)

Address: _____
(Street Address) (City, State, Zip)

Phone #: _____ Fax #: _____

Email Address: _____ Professional License # _____

E.) SELECT PRIMARY CONTACT PERSON FOR STAFF: Owner Applicant Licensed Professional

F.) CERTIFIED RESPONSIBLE LAND DISTURBER FOR SITE:

Name: _____
(Printed)

Address: _____
(Street Address) (City, State, Zip)

Email: _____ Phone #: _____

DCR Number: _____ Expiration Date: _____

Fax #: _____ Mobile #: _____

G.) SIGNATURES:

If applicant is not property owner of record, the Power of Attorney Form is required (Form A-2).

 Print Name

 Daytime Phone Number of Contact

 Signature of Owner, Contract Purchaser, Agent

 Date

OFFICE USE ONLY	
Checked By:	Date:
Requires Stormwater Review and Approval:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Disturbed Acres (SqFt):	
Applicable Fees:	
Miscellaneous Sales #:	