



EROSION & SEDIMENT CONTROL APPLICATION

CITY OF WAYNESBORO, PUBLIC WORKS/ENGINEERING

A.) SITE INFORMATION:

Property Address: _____ Tax Map No.: _____

Subdivision/ Project Name: _____

Total Area of Site: (Acres/SqFt): _____ Total Disturbed Area (Acres/SqFt): _____

Will there be stormwater management for this site? YES NO

B.) APPLICANT INFORMATION:

Applicant Name: _____

Address: _____

Email Address: _____ Phone: _____

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

Property Owner of Record: _____

Address: _____

Email Address: _____ Phone: _____

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

Firm Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____ Professional License #: _____

D.) SELECT PRIMARY CONTACT PERSON FOR STAFF:

OWNER APPLICANT LICENSED PROFESSIONAL



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E.) CERTIFIED RESPONSIBLE LAND DISTURBER FOR SITE:

Name: _____

Address: _____

Email: _____ Phone: _____

RLD Number: _____ Expiration Date: _____

Fax #: _____ Mobile #: _____

F.) SIGNATURES:

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

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 DISTRIBUTED ACRES (SqFt):	
APPLICABLE FEES:	
MISCELLANEOUS SALES #:	