

## LAND DISTURBANCE PERMIT APPLICATION

|                   | Description of proposed projec  |                    |   |             |                                  |                 |             |
|-------------------|---|--------------------|---|-------------|----------------------------------|-----------------|-------------|
| Ħ                 | $\square$ Single-Family Residential Hon   | ne $\square$       | Grading .10 acre or grea  | iter        |                                  |                 |             |
| YPE               | ☐ Home Addition   |                    | SF of Area  |             | Single-Famil                     | y Subdivision   |             |
| -                 | $\square$ Pool  |                    | Commercial / Retail   |             | Multi-family                     | Development     |             |
|                   | $\square$ Wall greater than 6' in height  |                    | Office  |             | Other (Please                    | e describe)     |             |
|                   | <br>Name of Project or Subdivision  | (Note name of      | Former Subdivision i  | f any)      |                                  | Lot #           |             |
|                   | runic of Froject of Subarvision   | (I vote Italiie of | Torrice Subarvision, i  | r urry)     |                                  | Eot II          |             |
| )E.C.I.           | Owner of Record (Company/In   | ndividual)         |   |             |                                  |                 |             |
| РКОЈЕ             | Property Address  |                    | Suite/Apt. #  | City        | State                            | Zip Code        | <del></del> |
| Ţ                 |   |                    |   |             |                                  |                 |             |
|                   | Property ID   |                    | Total A   | Acreage     | Acre                             | eage and Square | Footage     |
|                   |   |                    |   |             |                                  | e Disturbed     | Ü           |
|                   |   |                    |   |             |                                  |                 |             |
| ٦.                | Applicant Name  |                    |   |             |                                  |                 |             |
| CANI              | Applicant Name Company  |                    |   |             |                                  |                 |             |
| AFFLICANI         |   |                    | Suite/Apt. #  | City        | State                            | Zip Code        | _           |
| APPLICANI         | Company  Mailing Address  | Call Phone         |   | _           |                                  | Zip Code        |             |
| AFFLICANI         | Company  Mailing Address  | Cell Phone         | Suite/Apt. #  Fax Phone   | _           | State<br>E-mail                  | Zip Code        |             |
|                   | Company  Mailing Address  |                    | Fax Phone   |             | E-mail                           | Zip Code        |             |
| IACI              | Company  Mailing Address  Phone   |                    | Fax Phone   |             | E-mail                           | Zip Code        |             |
| CONTACT APPLICANT | Company  Mailing Address  Phone  Contact Name (24-hour Contact  |                    | Fax Phone   |             | E-mail                           | Zip Code        |             |
| IACI              | Company  Mailing Address  Phone Contact Name (24-hour Contact Company  Contact Mailing Address                                  |                    | Fax Phone ent / Project Manager   | / Project l | E-mail<br>Engineer)              | Zip Code        |             |
| IACI              | Company  Mailing Address  Phone Contact Name (24-hour Contact Company  Contact Mailing Address                                  | ct: Owner's Age    | Fax Phone  ent / Project Manager  City  Fax Phone                       | / Project I | E-mail Engineer) Zip Code E-mail | Zip Code        |             |
| IACI              | Company  Mailing Address  Phone  Contact Name (24-hour Contact Company  Contact Mailing Address  Phone  Contact Mailing Address | ct: Owner's Age    | Fax Phone  ent / Project Manager  City  Fax Phone  is true and correct. | / Project I | E-mail Engineer) Zip Code        | Zip Code        |             |