



CITY OF LEWISBURG  
 LAND DISTURBANCE PERMIT  
 APPLICATION FORM  
 (COMMERCIAL)

**OFFICE USE ONLY**

Permit No:

Date Issued:

**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	GROUP	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 <b>SWPPP</b> 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