



CITY OF LEWISBURG
SMALL RESIDENTIAL
LAND DISTURBANCE PERMIT

OFFICE USE ONLY

Permit No: _____

Date Issued: _____

APPLICATION FORM (SHORT)
(FOR SITES LESS THAN 1 ACRE)

1. APPLICANT (Please check if Applicant is the landowner or designated Agent*)

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 (Please attach a copy of Property Plat with Application)

PROJECT TYPE: 1. <input type="checkbox"/> New Home 2. <input type="checkbox"/> Borrow Pit 3. <input type="checkbox"/> Other, If Other Specify		
PROJECT PURPOSE	SIZE OF STRUCTURE (SQ. FT.)	SIZE OF TOTAL LAND DISTURBANCE (SQ. FT.)
PROPOSED START DATE OF PROJECT		
Attached Property Plat shall contain a sketch of the location of the development.		

4. STORMWATER MANAGEMENT ITEMS

Is there a stream located within 100 feet of the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a drainage ditch located within 50 feet of the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the development cause a significant change in the direction of stormwater flows on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the development cause a significant change in the amount of stormwater flows on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the development cause a partial or complete blockage of any existing watercourse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will an existing watercourse need to be re-routed to make room for the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. 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 provision of the Codes of the City of Lewisburg, Tennessee.			
LANDOWNER OR DESIGNATED AGENT	PRINT NAME	SIGNATURE	DATE

*****FOR CITY USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE*****

Permit Review Fee \$ _____	Date Paid _____
Stormwater Protection Permit Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ City of Lewisburg Approval	_____ Approval Date

**LEWISBURG STORMWATER MANAGEMENT
RESIDENTIAL LAND DISTURBANCE PERMIT
EROSION AND SEDIMENTATION CONTROL REQUIREMENTS**

PERMITTEE: _____

PERMIT NO.: _____

EROSION AND SEDIMENTATION CONTROL REQUIREMENTS:

- NOTES:**
- 1. All sedimentation controls shall be installed prior to any land disturbance taking place.**
 - 2. Sedimentation controls are to be maintained by the permittee throughout construction.**
 - 3. Sediment that is deposited in the street must be cleaned up daily.**
 - 4. All disturbed areas must be seeded and mulched or sodded within 7 days of final grading.**
 - 5. All dirt stockpiles shall be located inside the silt fence or shall be protected by additional silt fence on the down gradient side of thte stockpile.**

ADDITIONAL NOTES: _____

SEDIMENTATION CONTROLS: