

# **CITY OF FULTONDALE LAND DISTURBANCE APPLICATION**

**LAND DISTURBANCE EQUAL TO OR GREATER THAN ONE ACRE OR FROM CONSTRUCTION ACTIVITIES INVOLVING LESS THAN ONE ACRE AND WHICH ARE PART OF A COMMON PLAN OF DEVELOPMENT OR SALE EQUAL TO OR GREATER THAN ONE ACRE MUST HAVE AN ADEM GENERAL CONSTRUCTION PERMIT (GCP). COPIES OF THE GCP PERMIT AND THE APPROVED BMP PLAN ARE REQUIRED FOR ISSUANCE OF THIS PERMIT.**

<b>DATE:</b>	<b>FEE AMOUNT:</b>	<b>PERMIT #:</b>
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**APPLICANT INFORMATION**

Name:	Current Address:	
City:	State:	ZIP Code:
Phone Number:	Fax Number:	Email Address:

**PROPERTY OWNER INFORMATION**

Name:	Current Address:	
City:	State:	ZIP Code:
Phone Number:	Fax Number:	Email Address:

**PROPERTY INFORMATION**

Address:		
City:	State:	ZIP Code:
Total Acreage Disturbed:		

**REVIEW POST-CONSTRUCTION ORDINANCE REQUIREMENTS**

**CONTRACTOR INFORMATION**

Name:	Current Address:	
City:	State:	ZIP Code:
Phone Number:	Fax Number:	Email Address:

**EROSION AND SEDIMENTATION CONTROL PLAN PREPARED BY (NOT NECESSARY FOR SINGLE FAMILY CONSTRUCTION PERMIT)**

Name:	Current Address:	
City:	State:	ZIP Code:
Phone Number:	Fax Number:	Email Address:

**CERTIFICATION**

Type of Certification: QCP / QCI / ESC Workshop / None	Type of QCP: CPESC / P.E. / L.A. / P.L.S. / R.A. / R.G. / R.F. / R.E.M. (Must meet or exceed all requirements as defined in Article I Definitions of the Storm Water Management Erosion And Sedimentation Control Ordinance under Qualified Credentialed Professional)	
Certification #	Certification Expiration Date:	

**SURETY (IF CERTIFICATION REQUIREMENT NOT MET)**

Surety Type:	Surety Amount:	Surety Expiration Date:
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**TYPE OF CONSTRUCTION**

Single Family / Commercial	New Construction / Demolition / Repair or Replace / Excavation (Fill or Cut) / Utility Installation / Other:	
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**SIGNATURES**

**I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and that I have personally examined, and I am familiar with, the information in this document and such attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and civil penalty.**

Signature of Applicant:	Date:
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**THIS DOCUMENT BECOMES THE LAND DISTURBANCE ACTIVITY PERMIT WHEN SIGNED BY THE CITY OFFICIAL**

By:	Title:	Date:
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