



CHESAPEAKE BAY PRESERVATION ACT EXCEPTION PERMIT APPLICATION

COUNTY OF NEW KENT, VIRGINIA
WEB SITE: WWW.CO.NEW-KENT.VA.US

Office Use Only	
Application #:	_____
Date Received:	_____
Expiration Date:	_____
Application Fee: \$	_____
CPBA Exception (\$250)	_____

◆ Environmental Department ◆ PO Box 150 ◆ 12007 Courthouse Circle ◆ New Kent, VA 23124 ◆
◆ Phone 804-966-8580 ◆ Fax 804-966-8531 ◆

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)

Name (s): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

PROPERTY INFORMATION (PLEASE ATTACH A COPY OF THE PLOT PLAN)

Location: _____

GPIN: _____

Tax Map: _____ Lot Size: _____ Date Lot Recorded: _____

Existing Land Use: _____

Description of Proposed Development: _____

Distance of Proposed Development to RPA Feature (horizontal straight line to closest point): _____

Directions to Site: _____

EXCEPTION REQUEST (ATTACH ADDITIONAL SHEETS IF NEEDED)

Explain the reasons you need to request the exception, the purpose of the proposal, and the reasons the proposal must encroach into the Resource Protection Area 100' buffer. (Use New Kent County code section 94-41(g), letters a-n to explain.)

Discuss the proposed Best Management Practices (BMPs) and the manner in which they will prevent the degradation of water quality (Please attach the Water Quality Impact Assessment [WQIA] (***certified by P.E.***) if required):

Contract Purchasers: Please include a copy of the contract including the owner's consent.

Agents: Please include a signed statement from property owner authorizing permission to make application.

I, _____ (Print Name of Owner) hereby certify that I must comply with the provisions of Article II, Chesapeake Bay Preservation Areas and the NEW KENT COUNTY Erosion and Sediment Control Ordinance and Program, and that I accept responsibility for disturbance and stabilization for the above referenced project location as approved by the County. I grant the right of entry onto this property, as described above, to the designated personnel for NEW KENT COUNTY for the purpose of inspecting and monitoring for compliance with the aforesaid Ordinance. I understand that Permit application fees are nonrefundable.

Owner Signature _____ Date _____ Applicant Signature (if applicable) _____ Date _____

DECISION: APPROVED DENIED Local Program Administrator: _____

Conditions/Comments: _____