



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):

By signing below, I understand that the Chesapeake Bay and Wetlands/Beaches and Dunes Board has the ability to require reasonable conditions on a case-by-case basis including, but not limited to, the establishment of a performance surety prior to permit issuance.

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: _____