



SCREENING FORM FOR LAND DISTURBANCE

OFFICE USE ONLY	
Project #:	_____
Date Received:	_____

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

Environmental Department ♦PO Box 150♦New Kent, VA 23124♦Phone 804-966-8580♦Fax 804-966-8531
 ♦Street Address for deliveries: 12007 Courthouse Circle, New Kent, VA 23124♦

PROPERTY OWNER

Name: _____ Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Email: _____

APPLICANT AND/OR CONTACT

Name: _____ Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Email: _____

PROPERTY/PROJECT INFORMATION *(Attach a copy of the site plan)*

Location: _____ GPIN: _____ Tax Map: _____
 Lot Size (Acres): _____ Intent of Project: _____
 Will the project require any of the following?
 Excavation Approximate amount: _____ sq ft **Clearing** Approximate amount: _____ sq ft
 Filling Approximate amount: _____ sq ft
 Grading Approximate amount: _____ sq ft **Total Disturbed area:** _____ sq ft

I, _____ (*Print Name of Owner*) hereby certify that I fully understand the provisions of 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 further understand that this screening is valid for twelve (12) months following the date of issue, unless closed sooner, as well as **that any land disturbance exceeding 2500 square feet will require a land disturbance permit.**

 Owner Signature Date

Land Disturbance Permit Needed: <input type="checkbox"/> _____ Signature of E&S Administrator/Date	No Land Disturbance Permit Needed: <input type="checkbox"/> _____ Signature of E&S Administrator/Date
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