



## RESOURCE PROTECTION AREA MODIFICATION 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: \$	_____
RPA Dev. Permit (\$0)	_____

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

### PROPERTY OWNER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### APPLICANT AND/OR CONTACT

Name (s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

### PROPERTY INFORMATION

Location: \_\_\_\_\_  
 GPIN: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Existing Land Use: \_\_\_\_\_ Date Recorded: \_\_\_\_\_  
 Directions to site: \_\_\_\_\_

### PROJECT INFORMATION (Please attach additional sheets if necessary)

Description of Proposed Development: \_\_\_\_\_  
 \_\_\_\_\_  
 Distance of Proposed Development to RPA Feature (horizontal straight line to closest point): \_\_\_\_\_  
 Description of Vegetation to be removed during the span of the project: \_\_\_\_\_  
 \_\_\_\_\_  
 Description of Replacement Vegetation: \_\_\_\_\_  
 \_\_\_\_\_  
 Total Amount of Land Disturbance (square feet): \_\_\_\_\_

You may be required to attach a site plan (and cross section if appropriate) of the proposed project including RPA/RMA delineation, permanent benchmarks showing location of proposed project, existing vegetation to be removed, and the proposed replacement vegetation. You may also be required to include E&S control practices, Best Management Practices (BMPs), and/or a Water Quality Impact Assessment.

*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.

\_\_\_\_\_  
 Applicant(s) Signature/Date Applicant(s) Signature/Date

DECISION:  APPROVED  DENIED Local Program Administrator: \_\_\_\_\_  
 Conditions/Comments: \_\_\_\_\_