

The owner and contractor are to perform all work in accordance with Chapter 9, Section 611 of Beckley City Code; Beckley Sanitary Board Regulations for Erosion & Sediment Control; WV NPDES No. WV0115924.

STATE TAX MAP NUMBER

District _____

Map _____

Parcel _____

**BECKLEY SANITARY BOARD
STORMWATER UTILITY
APPLICATION FOR
LAND DISTURBING PERMIT**

This permit is required for any activity within the Beckley MS4 boundary as designated by WV DEP.

OFFICE TO COMPLETE

Date: _____ Permit No. _____

Permit Type:

- Class I (5,000 sq. ft to 25,000 sq ft disturbance)
- Class II (25,000 sq. ft. or larger disturbance)
- Fill/Borrow Permit
- Site Registration Application (< 5,000 sq ft)

Permit Fee:

Double Fee (if applicable) \$ _____

WV NPDES REQUIRED (Reg. No. _____)

PROPERTY LOCATION

Street No. _____ Apt. No. _____

Street Name _____

City, State, Zip Code _____

Directions _____

CONTRACTOR INFORMATION

Contract Value \$ _____

State License No. _____ City Business Lic. _____

Contractor Name _____

Fax Number () _____

Phone Number () _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

REQUIRED INFORMATION TO BE INCLUDED WITH PLANS

_____ **DISTURBED AREA** acres square ft.

For sites **1 acre and over** of a larger development, a **NPDES Construction stormwater permit** must be obtained before issuance of this permit. Please attach a copy of this permit or copy of the completed **Notice of Intent** to this application.

_____ **Copies** of erosion and sediment control plan (Class I permit), stormwater pollution prevention plan, civil site plan, stormwater management plan including drainage calculations, landscape and/or planting plan (Class II permit)

_____ **Proposed Starting Date**

_____ **Completion Date:** This permit will expire on this date if an extension is not requested in writing within 15-days of termination.

Note: Drainage ways, storm sewers and sanitary sewers with easements must be shown on plans

PROPERTY OWNER INFORMATION

Name _____

Street Address _____

City, State, Zip Code _____

Phone Number () _____

Owner is 1. _____ Private 2. _____ Public

CONTACT INFORMATION

Project Contact _____ Phone _____

Company _____

Engineer/Architect Contact _____ Phone _____

Company _____

APPLICANT INFORMATION

I certify under the penalty of law that I have examined and am familiar with the information submitted and believe the submitted information to be true and accurate. By receiving this permit, I certify that I am aware of the erosion and sediment control regulations within the Beckley urban watershed and acknowledge the right of Beckley Sanitary Board personnel to access and inspect the site for compliance with these regulations.

Property owner or general contractor (print) _____

Phone _____

TYPE OF WORK

1 ___ New Construction 4 ___ Demolition Only

2 ___ Alteration/Addition 5 ___ Fill Only

3 ___ Repair/Replace 6 ___ Excavation or
Redevelopment Clearing Only

LAND USE

1 ___ Institutional 3 ___ Industrial

2 ___ Residential 4 ___ Commercial

PERMIT APPROVAL

By _____ Date _____

Beckley Sanitary Board Official

Erosion Control Maintenance Contact _____ Phone _____

Email: _____

Signature _____

Date _____