



APPROVED

Zoning:

Application: _____

Permit No: _____

Owner's Name: _____ Date _____

Mailing Address: _____ **Phone:** (_____) _____

City: _____ State: _____ Zip: _____

Address of Project Site: (911 if available) _____

Directions to Project Site from Town of Halifax: _____

PROJECT INFORMATION:

Plan Prepared by: _____ **Project Start Date:** _____ **Completion Date:** _____

Project Name: _____ **Project E & S Cost:** _____

Tax Map (PRN) #: _____ **Zoning:** _____ **Election District:** _____ **Conditional Use (Y/N):** _____

Total Site Area (sq. ft. or acres): _____ **Total Disturbed Area (sq. ft. or acres):** _____

IDENTIFICATION OF RESPONSIBLE LAND DISTURBER:

Name: _____ **Phone:** _____

RLD Certificate Number: **Certificate Expiration Date:**

****PLEASE SUBMIT A COPY OF THE RLD LICENSE WITH THIS APPLICATION ALONG WITH PLANS FOR REVIEW ---- TWO (2) SETS (Minimum) ****

*****NO WORK MAY BEGIN UNTIL THE APPROVAL OF PLANS, POSTING OF PERFORMANCE BOND, and PAYMENT OF PERMIT IS RECEIVED*****

I, hereby certify that I fully understand the provisions of the Erosion & Sediment Control Ordinance and that I accept responsibility for carrying out the Erosion & Sediment Control Plan for the above-referenced project(s) as approved by Halifax County.

I further grant the right-of-way entry onto this property, as described above, to the designated personnel of the County of Halifax for the purpose of inspecting and maintaining the sewer line within the property of M. G. Bell.

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____