



Westmoreland County, Virginia

Land Use Administration

P. O. Box 1000
Montross, VA 22520
Phone 804-493-0120 FAX 804-493-0604

Building Official
Zoning Official
Planning Commission
Board of Zoning Appeals
Board of Building Appeals
Wetlands Board

APPLICATION FOR WETLANDS BOARD APPROVAL

(September 2008)

Wetlands Case #: _____ Date Received: _____

Fee: \$500 Paid: Cash Check # _____ (submit with application - non-refundable)

Assigned to the agenda for: _____

Property Address: _____

Tax Map Identification: _____ Acreage: _____ # Lots _____

Subdivision: _____ Magisterial District: _____

Existing Zoning District: _____ Proposed Zoning District: _____

Applicant/Owner: _____ Email: _____

Applicant/Owner Signature: _____ Date: _____

(If more than one owner attach and additional signature page)

Applicants' Address: _____ State: _____ Zip: _____

Phone #: _____ Phone #: _____ Phone #: _____

Agent: _____ Email: _____

Agent: Signature: _____ Date: _____

Agent: Address: _____ State: _____ Zip: _____

Phone #: _____ Phone #: _____ FAX #: _____

Project Description: _____

THIS APPLICATION IS INVALID IF NOT SIGNED BY ALL PROPERTY OWNERS OR THEIR AUTHORIZED AGENTS. PROPERLY COMPLETED AND EXECUTED APPLICATIONS, SUPPORT MATERIAL AND FEE MUST BE RECEIVED BY THE APPROPRIATE DEADLINE FOR CONSIDERATION AT THE NEXT AVAILABLE MEETING.

OFFICE USE ONLY

Hearing Date: _____

Proposed Environmental impacts: _____

Vegetated Wetlands: _____ SF Non-Vegetated Wetlands: _____ SF

Sub-Aqueous Bottom: _____ SF Inter-tidal Mud Flat: _____ SF

This application has been found: 1. Complete and accepted 2. Incomplete and not accepted.

Accepted: _____ Denied: _____

(Date)

(Date)

By: _____ Title: _____ Date: _____

IDENTIFY CONTRACTORS TO BE ON SITE

Building Contractor:		Phone:	
Mailing Address:			
Electrical Contractor:		Phone:	
Mailing Address:			
Land Disturber			
Mailing Address:		Phone:	
Erosion and Sediment			
Mailing Address:		Phone:	

Features		Health Department Permit #:	
	(If Applicable)	Sewage Disposal:	___ Private ___ Public
# boatlifts		Health Department Permit #:	
L.F. Pier		Water Supply:	___ Private ___ Public
L.F. Catwalk		Electric Company:	
S.F. platform			___ Northern Neck Electric ___ VA Power

Check List	OFFICE USE	Fees:		
VMRC #				
VMRC letter		Building Addition - Alteration	See Schedule	
Existing Topography		Electric	See Schedule	
Proposed Grading		Demolition	See Schedule	
Erosion & Sediment				
Plan View				
Section View				
Mitigation plan		Sub Total:		
RPA Shown		Virginia Surcharge	Add 1.75%	
Taxes Paid		Land Disturbance Permit Only	See Schedule	
Health Department:		Zoning	See Schedule	
Marina Pump Station				
Sewage Permit				
Reserve Drainfield		Total Non-refundable Fee:		
Bathroom Facilities		Make Checks Payable to "Treasurer, Westmoreland County"		

I, the undersigned, do hereby certify that the above statements are true to the best of my knowledge and understand that any deviations, change or construction not shown on these plans will null and void the approval so granted. I further understand that this application to the Wetlands Board is not a permit to proceed to construction. Should the project be approved I understand that I am required to apply for all the appropriate permits for the approved constructions.

SIGNATURE OF CONTRACTOR AS APPLICANT:

Date:

I, the owner, do hereby certify that the above statements are true to the best of my knowledge and understand that any deviations, change or construction not shown on these plans will null and void the approval so granted. I further understand that this application to the Wetlands Board is not a permit to proceed to construction. Should the project be approved I understand that I am required to apply for all the appropriate permits for the approved constructions. I also acknowledge that incomplete application and/or plans shall be returned and delay the approval. I further affirm that I am familiar with the prerequisites of the Virginia Code, Section 54.1-1111 that requires me to submit all duly licensed contractors' information on this application or I am not subject to licensure as a contractor or subcontractor. Additionally, I will provide proof that the taxes or licensed fees have been paid to the County upon our request should subcontractors be discovered on this project.

SIGNATURE OF OWNER AS THE APPLICANT:

Date: