



LAND DISTURBING PERMIT APPLICATION

Zoning Permit #: _____

Land Disturbing Permit #: _____

DIVISION OF ZONING & DEVELOPMENT SERVICES
16 Courthouse Square, Suite 100
Warrenton, VA 20186

Erosion & Sediment Phone: 540-422-8240
Community Development Phone: 540-422-8200
Facsimile: 540-422-8231

Application is made for a land disturbing permit in accord with the description and for the purposes hereinafter set forth and in accordance with the Fauquier County Erosion and Stormwater Management Ordinance, effective July 1, 2024, as amended, and Section 13-501 of the Fauquier County Zoning Ordinance.

- Land Disturbing Permit
- Supplemental Land Disturbing Plan
- Stop Work Reinstatement
- Zoning Permit
- Other: _____

Project Name: _____ Approved Site Plan Case No.: _____

Project Location (Rte. /St#): _____ PIN #: _____

Acreage to be Disturbed: _____ Project Completion Date: _____

Provide a brief description of the type of work (ex: building a road or driveway, single family home) and the land area involved (square feet, acres, length of road):

DESIGNATED RESPONSIBLE LAND DISTURBER

Name: _____	Certificate No.: _____
Address: _____	Phone: _____
_____	Email: _____

As owner, I hereby certify that:

- I have read and examined this application and know the information provided is true and correct.
- I agree to comply with the Erosion and Sediment Control Plan, approved by the County and with the Fauquier County Erosion and Stormwater Management Ordinance.
- I further grant right-of-entry onto the property described above and in that attached plan, to the agents and employees of Fauquier County for purposes of inspection or monitoring of the installation or re-installation, of erosion and sediment control measures.
- I further agree to comply with all applicable provisions of the Fauquier County Zoning ordinance for purposes of satisfying Section 13-501 of the Fauquier County Zoning Ordinances.

I understand that the issuance of this Land Disturbing Permit under the provisions of Chapter 11 of the Code of Fauquier County in no way guarantees or vests me with any other type of administrative or legislative permit approval in regard to this property, which is the subject of the Land Disturbing Permit. I agree to comply with the inspection and monitoring report schedule that has been/or will be set for me during the Erosion and Sediment Control Plan review process.

OWNER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email address: _____	Email address: _____
_____ Owner's Signature	_____ Applicant's Signature
_____ Date	_____ Date

FOR OFFICIAL USE ONLY: ZONING

Zoning Permit # _____ Land Disturbing Permit # _____

Zoning Designation: _____ Required Setbacks – Front: _____ Side: _____ Rear: _____

Do the following apply to the property?

Floodplain: No Yes

BOS Easement: No Yes

Proffers: No YesCase #: _____

Site Plan: No YesCase #: _____

SP or SE: No YesCase #: _____

Notes/Comments For Permit:

_____/_____
Signature: Zoning Administrator/Staff Date