



FAUQUIER COUNTY

Department of Community Development
Zoning and Development Services
16 Courthouse Square, Suite 100
Warrenton, VA 20186

TELEPHONE: (540) 422-8220
FAX: (540) 422-8231

Zoning Permit #: _____
Land Disturbance Permit #: _____

Offsite Soil Tracking Form

Project Name: _____ **Date:** _____
Address: _____

FOR SOIL THAT WILL BE TRANSPORTED OFFSITE, provide the following information:

| | |
|--|---------------------------------|
| Type of Material taken offsite: | Number of Trucks: |
| Date of Transport: (Form is required for each day) | Cubic Yards transported: |
| Site Name: | Square feet of coverage: |
| Site Address: | |

Local Permit contact information

Local Permit Number of offsite location: _____

| | |
|--------------------------------|-----------------------|
| Contact Name on permit: | _____ |
| Phone Number: | Email Address: |

Operator (state permit) contact information

State Permit Number of offsite location: _____

| | |
|------------------------|-----------------------|
| Operator/ Name: | _____ |
| Phone Number: | Email Address: |

Company Hauling Materials

| | |
|----------------------|-----------------------|
| Contact Name: | DOT Truck #: |
| Phone Number: | Email Address: |

I certify that this information is accurate. The information is complete and correct, and conforms to the Fauquier County Zoning, E&S and Stormwater Ordinances.

| | |
|-----------------------------|-----------------------|
| Applicant Signature: | Print Name: |
| Phone Number: | Email Address: |

In order to comply with the Virginia Erosion and Stormwater Management Regulations (9VAC25-875-240(D)) and Construction General Permit 9VAC25-880-70, the transporting of soil/materials must be monitored. In order to either bring in or remove materials from any permitted land disturbing activity, the transport of the materials must be documented. Immediate enforcement action will occur if soil material is not disposed on a permitted and approved location. If material will be taken to the landfill, please state this information.

FOR OFFICIAL USE ONLY: ZONING

Zoning Permit # _____ LDP Plan Review Case # _____

Notes/Comments:

Date Received:

Staff Signature/Date: