



## LAND DISTURBANCE PERMIT APPLICATION

<b>I. Location of Structure</b>		PERMIT NO.: _____ PERMIT FEE: _____	
1. Address of Project: _____			
<b>II. Proposed Work</b>			
2. Date Land Disturbance Activity is to Begin: ____ / ____ / ____		3. Total Land Area to be Disturbed (sq. ft.): _____	
<b>A. Residential:</b> 4. <input type="checkbox"/> Site Grading 5. <input type="checkbox"/> Multi-Family Structure 6. <input type="checkbox"/> Detached Accessory Structure 7. <input type="checkbox"/> Demolition 8. <input type="checkbox"/> Other _____	<b>B. Commercial:</b> 9. <input type="checkbox"/> Site Grading 10. <input type="checkbox"/> Site Development 11. <input type="checkbox"/> Multi-Family Structure 12. <input type="checkbox"/> Commercial Structure 13. <input type="checkbox"/> Detached Accessory Structure 14. <input type="checkbox"/> Demolition 15. <input type="checkbox"/> Other _____	<b>C. Subdivision:</b> 16. <input type="checkbox"/> Site Grading 17. <input type="checkbox"/> Site Development 18. <input type="checkbox"/> Other _____	
19. Briefly Describe the Nature of the Work: _____ _____ _____ _____			
20. Is project within a <b>FLOOD PLAIN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If project is within a flood plain area, the Federal Emergency Management Agency (FEMA) requires a Letter of Map Revision (LOMR).			
<b>III. Identification</b>			
21. Owner of Property			
Name: _____		E-Mail: _____	
Home Phone: (    )	Work Phone: (    )	Cell Phone: (    )	Fax: (    )
Street Address	City	State	Zip Code
22. Contractor:			
Company Name: _____		Contact Name: _____	
Work Phone (    )	Cell Phone (    )	Email: _____	Fax (    ):
Street Address	City	State	Zip Code
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable codes and ordinances of the City of Warrensburg.			
<b>SIGNATURE OF APPLICANT:</b> _____		<b>APPLICATION DATE:</b> _____	