

All Blocks Noted in **“Red”** must be filled out completely!

Sevier County Storm Water Management Department

227 Cedar Street
Sevierville, Tennessee 37862
Phone: (865) 429-4580 Fax (865) 429-3059

Land Disturbance Permit Application

Project Name					Permit #
Legal Description	Map	Group	Parcel	Subdivision	Flood Zone: Yes ___ No ___
Project Address					
Proposed Use					
Work Description	Description				
	Anticipated Start Date	Anticipated Completion Date	Area of Disturbance (Acres)	Total Area of Property	
	TDEC NPDES Permit Number	ARAP Permit Number	Receiving Stream Name	Impaired High Quality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner	Name		Email Address		Phone
	Address		State	Zip	Primary Contact
Contractor	Name		Email Address		License Number
	Address		State	Zip	
	Phone	Fax	Primary Contact		
Engineer/Architect	Name		Email Address		License Number
	Address		State	Zip	
	Phone	Fax	Primary Contact		
TDEC Level 1	Name		Phone	Certification Number	
Office Use Only			Application Shall Be Accompanied By:		
Accepted By:	Date	<input type="checkbox"/> Required	<input type="checkbox"/> N/A	Engineered Plans	
Plans Checked By:	Date	<input type="checkbox"/> Required	<input type="checkbox"/> N/A	Stormwater Management Plans	
Approved For Issuance By:	Date	<input type="checkbox"/> Required	<input type="checkbox"/> N/A	Performance Bond (if applicable)	
Land Disturbance Permit is Valid for 180 Calendar Days	Permit Fee	<input type="checkbox"/> Required	<input type="checkbox"/> N/A	NPDES/ARAP or Other Permits	
Applicant Signature					Date

I (the above signed) understand that the requirements set forth in the Sevier County Stormwater Resolution shall exercise regulatory authority over this property and failure to comply may result in enforcement actions including but not limited to: Stop Work Orders, issuance of Civil Penalties, etc., until compliance is accomplished.