

**COUNTY OF PAGE, VIRGINIA**  
OFFICE OF THE PROGRAM ADMINISTRATOR  
103 SOUTH COURT STREET, SUITE B  
LURAY VA 22835  
(540) 743-6674 – PHONE  
(540) 743-1419 – FAX

**PERMIT NUMBER:** \_\_\_\_\_ - \_\_\_\_\_

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**CERTIFICATE FOR LAND DISTURBANCE**  
**AGRICULTURAL PURPOSES ONLY**

**OWNER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SITE OF PROPOSED WORK:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_ **TAX MAP NUMBER:** \_\_\_\_\_

**SQ. FOOTAGE OF LAND TO BE DISTURBED:** \_\_\_\_\_

**DIRECTIONS:** \_\_\_\_\_

**SCOPE OF WORK (Land use after clearing)** \_\_\_ CROP LAND \_\_\_ PASTURE LAND \_\_\_ FARM POND

**OTHER WORK:** \_\_\_\_\_

I agree to comply with any reasonable requirements determined necessary by employees of the County of Page, representing the Erosion and Sediment Control Program Administrator, and a Responsible Land Disturber. Such requirements shall be based on the conservation standards contained in Article I, Erosion and Sediment Control Plan, Chapter 50 of the Code of County of Page, and Chapter 490 of the 2001 Virginia Acts of the Assembly and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation on or resulting from this project.

1. An appropriate construction entrance shall be constructed prior to site development. The entrance shall be constructed of stone and placed at an appropriate length to keep sediment from entering the street.
2. Silt fence shall be placed in the areas illustrated on the attached copy of the plat and cleaned when sediment reaches one-half the height of the fence.
3. As a minimum, all denuded areas on the lot shall be stabilized within seven (7) days of final grading with permanent vegetation or a protective ground cover suitable for the time of year.

I further understand that failure to comply with such requirements within three (3) working days following notice by the representatives of the County of Page could result in citation for violation of the County of Page Erosion and Sediment Control Ordinance.

**SIGNATURE OF LANDOWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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Office of the Program Administrator Use Only

Measures specified by the Plan Approving Authority: \_\_\_\_\_

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**DATE:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_