



CITY OF BARDSTOWN
Land Disturbance Permit (Effective March 2018)

Stormwater

Permit ID:

GENERAL INFORMATION:

Project Name: _____ Application Date: _____

Subdivision/Location: _____ Lot #: _____

Site Address: _____

Comments: _____

Estimated Start Date: _____ Estimated Completion Date: _____

APPLICANT INFORMATION:

Check all that apply: Owner Contractor Other: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Suite/Unit/Apt. #: _____

Email: _____ Phone: _____ Mobile: _____

Primary Contact: _____ Email: _____

Phone: _____ Mobile: _____

OWNER/CONTRACTOR INFORMATION (If Different Than Applicant)

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Suite/Unit/Apt. #: _____

Email: _____ Phone: _____ Mobile: _____

Please provide a list of all subcontractors you intend to use for this project or download and complete the Subcontractor List Form from the City of Bardstown Stormwater website

PROJECT INFORMATION:

Site Classification (Check one)		Permit Fee
<input type="checkbox"/> Class 1	Minor construction activities (i.e. Decks, garages, storage buildings, and additions more than 1,000 sq. ft. and/or entrances, sidewalk repairs, and right-of-way work)	\$50
<input type="checkbox"/> Class 2	Single lot sites (i.e. individual single and multi-family homes)	\$250
<input type="checkbox"/> Class 3	Small commercial, industrial, and residential subdivision sites requiring a SWMP and SWPPP (>0.5 acres disturbed) that disturb less than five (5) acres AND add less than two (2) acres impervious area	\$450
<input type="checkbox"/> Class 4	Large commercial, industrial, and residential subdivision sites requiring a SWMP and SWPPP (>0.5 acres disturbed) that disturb five (5) acres or more OR add two (2) acres or more impervious area	\$800

Total Area of Site: _____ acres Disturbed Soil Area: _____ acres

Impervious Area Added: _____ sq. ft. Building/Addition Size: _____ sq. ft.

Entrance(s): Existing Prop. (Curb Cut) Prop. (SW Cut) Prop. (Ditch Crossing) N/A

Pipe: Requires a Pipe - Size _____ in. N/A



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PERFORMANCE BOND:

A Performance Bond shall accompany the submittal of each Land Disturbance permit as required. The Bond is fully refundable provided the entrance(s) and all improvements are constructed as specified on the permit and the approved improvement plans.

Site Classification	Min. Performance Bond (As Required)*
Class 1	\$750
Class 2	\$1,000
Class 3	\$1,000
Class 4	\$1,500

**For Class 3 and 4 sites, the Engineer shall submit a construction estimate to be approved by the Office of the City Engineer. The estimate shall include costs of encroachment work, stormwater facilities, erosion control, etc. The bond shall be per approved estimate. Minimum Encroachment Bonds are based on the installation of one (1) new entrance.*

Engineer's Estimate (If Applicable): _____

If installation of sidewalk along the public street is required, the bond amount shall include the value of the sidewalk at a minimum of \$15 per linear foot of sidewalk. All sidewalks must meet ADA requirements.

Sidewalk Bond Amount: _____ Linear Ft. x \$15 = _____

TOTAL BOND: Min. Required _____ + Sidewalk Bond _____ = _____

FEES:

All Fees are defined per the City's Fee Schedule for Encroachment Work and Land Disturbance Activities. Please make checks payable to the City of Bardstown.

Permit Fee: _____ **Late Fee (Check if applicable)** _____

TOTAL FEE DUE _____

GRAND TOTAL DUE _____

Applicant Signature: _____ **Date:** _____

Approved By: _____ **Date:** _____

This permit is valid for 12 months from the date of issuance

<u>For City Use</u>	
Bond Payment Method:	<input type="checkbox"/> Surety Bond <input type="checkbox"/> Check (No. _____)
Bond Amount:	_____
Fee Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Incl. in Bond*
Fee Payment Amount:	_____ <small>*cash or check only</small>
Recording Fee:	<input type="checkbox"/> Paid Previously <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____ Amount: _____
Check Request Payee:	_____ Amount: _____
Check Request By:	_____ Date: _____
Notes:	_____ _____