



Land Disturbance Permit Application
UNIFIED GOVERNMENT OF WYCO/KCK
Public Works Department \ Division of Engineering
701 North 7th Street, Suite 712, Kansas City, KS 66101
Phone: (913) 573-5311 Fax: (913) 573-5435

Internal Use Only Permit
Application No.

LDP _____ - _____
Date Issued: _____

PROJECT INFORMATION

Project/Business Name: _____ Date: _____
Project Address: _____ Land Area Disturbed _____ Acres

APPLICANT/CONTACT INFORMATION- Please select one to be the point of contact for this project

Applicant Name: _____
Contact Name: _____ Phone No.: _____
Street Address: _____ Fax No.: _____
City, State Zip: _____ Email: _____
Are you the - ☐ Owner ☐ Owner's Agent ☐ Contractor ☐ Point of Contact

Tenant/Owner: _____
Contact Name: _____ Phone No.: _____
Street Address: _____ Fax No.: _____
City, State Zip: _____ Email: _____
☐ Same as above ☐ Point of Contact

Contractor: _____
Contact Name: _____ Phone No.: _____
Street Address: _____ Fax No.: _____
City, State Zip: _____ Email: _____
☐ Point of Contact

LAND DISTURBANCE

Over One Acre of Disturbance

The Applicant is required to submit the following to obtain a Land Disturbance Permit.

- ☐ Authorized Kansas Department of Health and Environment (KDHE) Notice of Intent (NOI)
- ☐ Stormwater Pollution Prevention Plan (SWPPP)
- ☐ Erosion Control Plan (signed, sealed, and dated by a Professional Engineer registered in the State of KS)

Under One Acre of Disturbance

The Applicant is required to submit one of the following to obtain a Land Disturbance Permit.

- ☐ Site Grading Plan showing all Erosion & Sediment Control measures necessary.
- ☐ An ILC (Individual Lot Certification). Necessary when work is being performed within an authorized larger common plan of development which has already obtained a Kansas Department of Health and Environment (KDHE) Notice of Intent (NOI).

ACKNOWLEDGEMENT

By signing, I acknowledge that the Unified Government will use this contact information to communicate with me, including providing notices of violations, abatement invoices, and other legal notices. I understand that it is my responsibility to keep this contact information current and I waive any potential defenses or arguments that communications and notices should have been sent to a different address or phone number from what I have provided.

Applicant Signature: _____ **Title:** _____

Office Use Only	Neighborhood Resource Center		Public Works Department	
	Date Received:	Date Reviewed:	Date Received:	Date Reviewed:
NOI				
SWPPP				
ESC Plan				
	Representative:		Representative:	

