

**CITY OF OXFORD
LAND DISTURBANCE PERMIT**

Name of QCP: _____

Address of QCP: _____

Phone Number of QCP: _____

Name, Address and Phone Number of Property Owner: _____

Building Site Dimension: _____

Building Site Scale (1" = 100): (See Attached)

Topo Map: (See Attached) (Must Be Attached Before Permit Issued)

Name, Address and Phone Number of Person or Company Performing Inspections Each

Week and Following Rain Events: _____

Street Address, Lot Number or Location of Work: _____

Intended use of Property after Grading, Filling or Excavation: _____

Total Area to Be Graded, Filled or Excavated: _____

General Description of Work to Be Performed: _____

General Description of Erosion and Sediment Control Measures To Be Installed:

Is a Storm Water Permit Required By The Mississippi Department of Environmental

Quality for This Site? () Yes () No If Yes, Attach Copy of Approved Permit.

Is This Property Located Within Any Designated Floodplain Area? () Yes () No

If Yes, Attach Map or Plat Showing 100 Year Floodplain Areas, Floodway Areas, Existing Elevations and Fill Locations

Date of Application: _____

Signature of Applicant: _____