

**City of  
Norfolk**  
Department of Utilities

NOT FOR CONSTRUCTION

# [PROJECT NAME]

## [TASK]

[% REVIEW SUBMITTAL]  
[MONTH] [YEAR]

### RESPONSIBLE LAND DISTURBER (RLD) DESIGNATION

THE FOLLOWING PERSON \_\_\_\_\_ ENGINEER'S NAME \_\_\_\_\_ (PRINT),

(SIGN), IS IDENTIFIED AS THE RESPONSIBLE LAND DISTURBER WHO WILL BE IN CHARGE OF AND RESPONSIBLE FOR CARRYING OUT THE LAND DISTURBING ACTIVITY. THIS PERSON MEETS THE APPLICABLE REQUIREMENTS OF VIRGINIA CODE SECTION 10.1-563 AND 10.1-566 BY VIRTUE OF THE FOLLOWING (CHECK THE CATEGORY THAT APPLIES):

RESPONSIBLE LAND DISTURBER CERTIFICATE  
 DCR CERTIFICATION FOR COMBINED ADMINISTRATOR, ADMINISTRATOR, PLAN REVIEWER, INSPECTOR, OR CONTRACTOR  
 VA PROFESSIONAL ENGINEER, LAND SURVEYOR, LANDSCAPE ARCHITECT, OR ARCHITECT

### RLD CONTACT INFORMATION

NAME: \_\_\_\_\_ ENGINEER \_\_\_\_\_

CERTIFICATION/REGISTRATION NUMBER: VIRGINIA P.E./NUMBER \_\_\_\_\_

COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

THIS DESIGNATION MAY ONLY BE CHANGED BY A PLAN COVER SHEET REVISION THAT MUST BE SUBMITTED TO THE CITY FOR VERIFICATION AND APPROVAL.

UPON AWARD OF THE CONTRACT AND BEFORE ANY LAND DISTURBING ACTIVITY CAN BEGIN, THE CONTRACTOR SHALL EXECUTE AND SUBMIT A RESPONSIBLE LAND DISTURBER NOTIFICATION FORM TO THE DEPARTMENT OF PLANNING, ENVIRONMENTAL SERVICES, ROOM 508, CITY HALL BUILDING, 810 UNION STREET, NORFOLK, VA 23510 TEL: (757) 664-4368. AWARD OF THE CONTRACT WILL RELIEVE THE ABOVE SIGNER OF ALL RESPONSIBILITY.

[ADDITIONAL NOTES]

[ADDITIONAL NOTES]

[ADDITIONAL NOTES]

[ADDITIONAL NOTES]

[PROJECT AREA]

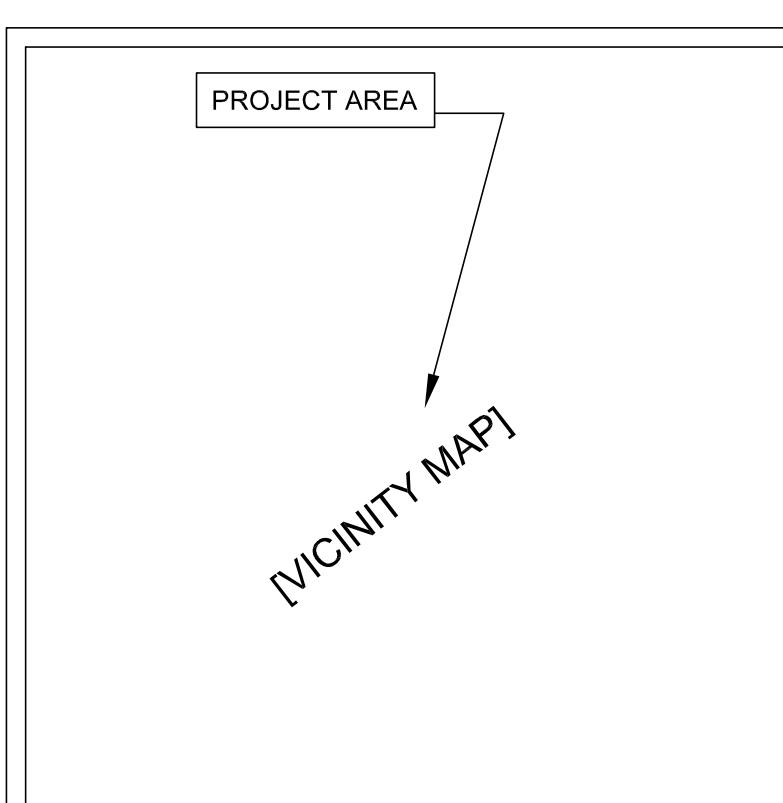
PROJECT AREA  
SCALE 1" = 100'

[ADDITIONAL NOTES]

[ADDITIONAL NOTES]

APPROVAL		
APPROVED DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT	SIGNATURE	DATE
APPROVED ENGINEERING MANAGER	SIGNATURE	DATE

VICINITY MAP  
SCALE 1" = 5000'



DESIGNED BY: \_\_\_\_\_  
DRAWN BY: \_\_\_\_\_  
CHECKED BY: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

DEPARTMENT OF UTILITIES  
500 E. MAIN STREET, 7TH FLOOR  
NORFOLK, VA 23510

[STAMP SEAL]

ER No: \_\_\_\_\_ PCTS No: \_\_\_\_\_  
FILE NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_ SCALE: \_\_\_\_\_  
SHEET G-01

[CONSULTANT LOGO]

NORFOLK DEPARTMENT OF UTILITIES  
[PROJECT NAME]  
[TASK]  
COVER SHEET/ LOCATION MAP