



# TOWN OF SMITHFIELD

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www.smithfieldva.gov

## WATER QUALITY IMPACT ASSESSMENT (WQIA) APPLICATION

Project Address \_\_\_\_\_ Tax Parcel ID# (TPIN) \_\_\_\_\_

Joint Permit Application # (If Applicable): \_\_\_\_\_ Date of this Application: \_\_\_\_\_

Owner \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Phone \_\_\_\_\_ Owner Email \_\_\_\_\_

Applicant \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone \_\_\_\_\_ Applicant Email \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(1) What type of vegetation exists at the project site? \_\_\_\_\_

\_\_\_\_\_

(2) How much of number one (1) above will be removed as a part of this project (if applicable)? \_\_\_\_\_

\_\_\_\_\_

(3) Attach a mitigation plan for number two (2) above, and indicate below the provider of technical advice for the project, to include the mitigation plan:

☐ Shoreline Erosion Advisory Service ☐ Virginia Institute of Marine Science ☐ Other (Describe Below)

\_\_\_\_\_

(4) How will the project site be accessed? ☐ Land ☐ Water

(5) What type of equipment will be used in the 100' Resource Protection Area (RPA)? \_\_\_\_\_

\_\_\_\_\_

(6) What materials will be stored in the 100' RPA, and for how long (if applicable)? \_\_\_\_\_

\_\_\_\_\_

(7) Which parts of the 100' RPA will be disturbed? ☐ Landward 50' ☐ Seaward 50' ☐ Both

(8) How many square feet of disturbance will result from this project? ☐ <2500 ☐ ≤ 5000 ☐ >5000

(9) How many square feet of development will result from this project? ☐ <2500 ☐ ≤ 5000 ☐ >5000

By signing below, you certify that all components of and attachments to this application are true and inclusive of all details of the proposed project at the property/properties in question, and you certify that all removed vegetation removed from any and all disturbed areas that might result from this project shall be replaced/ restored in accordance with the Riparian Buffers Modification and Mitigation Guidance Manual.

Applicant/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

### TOWN STAFF ONLY

☐ WDF/Shoreline Stabilization ☐ Minor ☐ Major

Zoning Permit # or Zoning Permit Waiver Approval Date for the Project Requiring this WQIA: \_\_\_\_\_

Conditions/Explanations/Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Town Staff Signature (for Tammie Clary, Community Development & Planning Director) \_\_\_\_\_ Date \_\_\_\_\_