



# EROSION CONTROL PERMIT

Permit No. _____
Parcel No. _____
Date _____

APPLICANT (OWNER/AGENT) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_ FAX NO. \_\_\_\_\_

APPLICANT'S EMAIL \_\_\_\_\_

ADDRESS OF LAND DISTURBING ACTIVITY \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SQUARE FOOTAGE OF DISTURBED AREA: \_\_\_\_\_

PROPOSED EROSION CONTROL:  Straw Bales  Silt Fencing  Crushed Stone Access Drive  Other \_\_\_\_\_

### STANDARD REQUIREMENTS:

- Location of erosion control measures to be shown on a copy of the plat of survey.
- Erosion control measures are to be installed within 48 hours of completion of the excavation.
- Erosion control measures will be maintained and kept in place until adequate ground cover is established.
- Engineering Department inspection is required for commercial/industrial permits and shall be scheduled by calling 766-7000.
- Mud or sediment tracked onto the roadway shall be removed prior to the end of each workday.

### PROPOSED DEVELOPMENT SCHEDULE (provide approximate dates):

Excavation _____	Backfilling _____	Final Grade _____	Ground Cover _____
Date	Date	Date	Date

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

**\*\*\*OFFICE USE ONLY\*\*\***

Inspection fee (\$4.00/1,000 square feet - minimum \$60.00) \$ \_\_\_\_\_ + Administrative Fee \$5 = Total Fee \$ \_\_\_\_\_

Conditions of approval: \_\_\_\_\_

Permit approved:

_____ CITY ENGINEER OR EROSION CONTROL INSPECTOR	_____ TITLE	_____ DATE
---	----------------	---------------