

**APPLICATION FOR
SOIL EROSION AND SEDIMENT CONTROL PERMIT**

DATE: _____

Application Fee \$50.00 *

APPLICANT'S NAME _____

ADDRESS _____

_____ Tel. _____

PROPERTY OWNER _____

ADDRESS _____

_____ Tel. _____

If the applicant is not the property owner, written consent to the activity must appear below:

Owner's Signature

SITE DATA:

Subject Property Address: _____

Assessor's Map No.: _____ Block _____ Lot _____

DESCRIBE PROPOSED ACTIVITIES: (including grading, cutting or filling, and cubic yards to be filled)

Is there a wetland or watercourse on the property? _____

Describe any other unique or sensitive topographic features on the site: _____

Are there recorded Deed Restrictions, Covenants, Easements or Rights of way? _____

If yes, indicate each _____ Land Records Vol. _____ Pg. _____

_____ Land Records Vol. _____ Pg. _____

_____ Land Records Vol. _____ Pg. _____

The applicant(s) warrant(s) the truth of all statements contained herein and in all supporting documents according to the best of his/her knowledge or belief. The applicant(s) agree(s) that the act of applying for a Soil Erosion and Sediment Control Certificate grants permission to the Planning Commission or its designated agent to inspect the subject property.

Signature of Applicant _____

By Authorized Agent _____

Agent's Address _____

Agent's Tel. No. _____

* With fill/excavation – Earth Excavation/Fill fee would apply