

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

DATE _____

Application Fee \$50.00 _____
(Without fill/excavation – reference Fee Schedule for
Fill/Excavation)

APPLICANT’S NAME _____
ADDRESS & Contact _____
Information _____
_____Tel. _____

PROPERTY _____
OWNER’S NAME, _____
ADDRESS & Contact _____
Information _____
_____Tel. _____

If applicant is not the property owner, the owner’s signature as 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, etc. & cubic yds.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 or Covenants? _____

If Yes, Land Records Volume _____ Page _____

Are there recorded easements or rights of way? _____

If Yes, Land Records Volume _____ Page _____

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: _____ Signature of Applicant’s Agent: _____
_____Tel. _____