



ENGINEERING DEPARTMENT EROSION CONTROL PERMIT

Tax Key No. _____
Permit No. _____
Date _____

APPLICANT (OWNER/AGENT) _____ PHONE NO. _____

APPLICANT'S ADDRESS _____ FAX NO. _____

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 768-6537.
- Mud or sediment tracked onto the roadway shall be removed prior to the end of each workday.

PROPOSED DEVELOPMENT SCHEDULE (provide approximate dates):

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

Signature of Owner/Agent

Date

OFFICE USE ONLY		
Inspection fee (\$3.00/1,000 square feet - minimum \$60.00) \$ _____		
Conditions of approval: _____		

Permit approved:		
_____	_____	_____
CITY ENGINEER OR EROSION CONTROL INSPECTOR	TITLE	DATE

WHITE - Property Owner

YELLOW - Inspection Department

PINK - Engineering Department