

**EROSION AND SEDIMENT CONTROL PERMIT  
STANDARD APPLICATION**

<b>Staff Use Only</b>		<b>Anticipated Start Date:</b>
<b>Permit No.:</b>	<b>Approved on:</b>	

Information	Applicant	Owner
<b>Name (company or other)</b>		
<b>2nd Name (individual)</b>		
<b>Address/Box</b>		
<b>City</b>		
<b>State/Zip</b>		
<b>Telephone</b>		
<b>Other telephone</b>		

Parcel Information			
Sectional Reference	Subdivision/Lot No.	911 Address	Property ID #

**Applicability**

This standard plan can only be used for single/two family dwellings on sites having slopes of less than 10% where proposed disturbed area is not directly abutting, or does not cross, an area of concentrated flow [Sec. 3.12].

I hereby attest that these conditions are met. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Perimeter Sediment Controls**

USDA Soil Survey map Page No.: \_\_\_\_\_ Soil type: \_\_\_\_\_ General slope: \_\_\_\_\_

Check appropriate method of control: (Staff checks one)

**NOTE:** No stockpiles shall be placed within 25' of the property line or within 25' of the curb unless one of the perimeter controls listed below is employed.

- 0% to 2% slope or sandy soil:
  - a. No perimeter controls required, unless butting up to an area of concentrated flow, then one of the perimeter controls listed below must be employed.
  
- >2% to 5% slope:
  - a. Vegetative filter strip: grass of 10 feet in width on a slope of less than 5%
    - must be staked at 25 foot intervals to clearly delineate boundary;
  - b. Silt fence;
  - c. Straw bales;
  - d. Buffer strip: any vegetation, e.g., cropland/woods/etc. of 50 feet in width on a slope of less than 10%
    - must be staked at 25 foot intervals to clearly delineate boundary;
  
- >5% to 10% slope:
  - a. Vegetative filter strip: grass of 20 feet in width on a slope of less than 10%
    - must be staked at 25 foot intervals to clearly delineate boundary;
  - b. Silt fence;
  - c. Straw bales;
  - d. Buffer strip: any vegetation, e.g., cropland/woods/etc. of 100 feet in width on a slope of less than 10%
    - must be staked at 25 foot intervals to clearly delineate boundary;

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**Management Strategies**

**Permanent ground cover** will be established within six months of project completion, or within six months of occupancy, whichever ever occurs first [Sec. 3.12.5]. Indicate planned permanent ground cover:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> seed                     | <input type="checkbox"/> aggregate   |
| <input type="checkbox"/> seed with anchored mulch | <input type="checkbox"/> pavement    |
| <input type="checkbox"/> sod                      | <input type="checkbox"/> other _____ |

Permanent ground cover is the responsibility of:

- Builder    Owner    Buyer    Other \_\_\_\_\_

Signature accepting responsibility: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Maintenance Practices**

- Sediment must be removed from behind sediment fences and barriers before it reaches a depth that is equal to half the barrier's height;
- Breaks and gaps in sediment fences and barriers shall be repaired immediately;
- Decomposing barrier elements, e.g., straw bales, fabric fence, shall be replaced;
- All sediment that moves off the construction site onto adjoining property or public right-of-ways shall be cleaned up within four hours or before the end of each work day;
- All debris deposited on public roads shall be removed as soon as practical and not later than 4 hours after such debris is deposited, or at the end of each work day, whichever occurs first;
- All installed erosion control practices must be maintained until the disturbed areas they protect are stabilized.
- This permit shall be valid for a period not to exceed two (2) years [Sec 3.12.3].
- The application fee for a standard erosion control permit is \$185 [Sec Appendix A].

I, \_\_\_\_\_, do hereby certify that the above stated information is true and correct; that I have carefully read the above application; and in consideration of the issuance of an erosion control permit I agree that all requirements stated above will be met.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Staff Use Only</b>			
Date Submitted:		Approval:	
Fee Paid:		Denial:	
Receipt Number:		Notification:	