

EROSION CONTROL PERMIT APPLICATION

1. Owner			Applicant/Owner's Agent/Builder		
Name			Name		
Address			Company		
	(street)				
				(street)	
(city) (state) (zip code)		(zip code)	(city)	(state) (zip code)	
Telephone: office			Telephone: office		
fax		<u> </u>	fax		
	email				
2.	Site Location: Street Address	8	Parcel ID.		
	Town of		Section, T	N, RE	
	Plat/ CSM			Lot#	
3. <u>Disturbed Area</u> (square feet or acres):					
4.	Project Schedule: Anticipated Start Date:	Anticipated End Date:			
5.	5. <u>Checklist:</u> (Submit two (2) copies of all supporting materials including drawings, plans, and written documents)				
	☐ Legal Description ☐ Erosion Control Plan				
Applicant / Owner Acknowledgement:					
FAILURE TO PROVIDE ALL REQUIRED MATERIALS AND INFORMATION COULD RESULT IN THE REVIEW OF THIS APPLICATION BEING DELAYED FOR CONSIDERATION.					
I have reviewed the legal description, erosion control plan, and drainage plan for this site. I have reviewed the publication titled "Erosion Control for Home Builders" and supplemental documents prepared by NEWSC. I understand that I am responsible for proper implementation of these plans / documents and complying with local ordinances. I understand that I must contact the Town Hall at (920) 406-9380 for inspection one business day after the land disturbance actually begins.					
I further grant the right-of-entry onto this site, as described above, to the designated personnel of the Town of Scott for the purpose of inspecting and monitoring for compliance with the erosion control plan, drainage plan, storm water management plan, and local ordinances.					
Signat	ure of Applicant or Agent		Date	3	
(Office Use Only) Log #/					
Fee Received \$ Date Receipt # Received By				у	
Permit Number Data		Data	Taguad	D.,	