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EROSION & SEDIMENTATION CONTROL APPLICATION/PERMIT

Project Name: _____

Parcel I.D. # _____

Owner or Authorized Representative: _____

Address: _____

Phone: () _____ Fax: () _____

Approx. Starting Date: _____ Approx. Completion Date: _____

APPLICANT MUST ALSO APPLY TO THE PLANNING DIVISION FOR A TREE PERMIT PRIOR TO COMMENCING ANY CLEARING ACTIVITY IF THE SITE CONTAINS TREES.

Signature - Owner or Authorized Representative Date

FOR OFFICE USE ONLY

Comments: _____

Approved: _____ Denied: _____

Environmental Compliance Coordinator Date

\$100.00 FEE