

EROSION & SEDIMENT CONTROL/SITE IMPROVEMENT PERMIT APPLICATION

FOR OFFICE USE ONLY

FEE AMOUNT: _____ **INVOICE #:** _____ **PERMIT NUMBER:** _____

Part of Larger Plan of Development: (YES / NO) If YES, Name: _____

If YES, Plan Comm. Approval Date: _____ Area of Disturbance: _____ Rule 5: (YES / NO)

HUC-14: _____ SFHA (YES / NO) Wetlands (YES / NO) Post-Const. SW: (YES / NO)

1. PROJECT INFORMATION (check all that apply)

DATE: _____

Project Type: Subdivision (Major/Minor/Admin.) Site (Comm./Ind./Inst.) Excavation/Fill/Grading
 Site (Single-/Two-Family Home) Site (Multi-Family Res.) Other: _____

Description of Proposed Project: _____

Start Date: _____ Estimated Project Cost: _____

2. SITE LOCATION/INFORMATION

Parcel Number: _____ Acreage: _____

Address: _____ City: _____

Zip: _____ Political Township: _____ Zoning: _____

3. PROPERTY OWNER INFORMATION

Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home: _____ Cell: _____ Work: _____

4. GENERAL CONTRACTOR INFORMATION

Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Work: _____ Cell: _____ Other: _____

Registered with Porter County: (YES / NO) Contractor Registration No.: _____

5. LAND DISTURBING ACTIVITIES (check all that apply)

Excavation Fill Grading Grubbing Other: _____ Area of Disturbance: _____

6. ATTACHMENTS

Per Section 7.15 of the Porter County Unified Development Ordinance, an erosion and sediment control plan, as described therein, shall be submitted with this Erosion & Sediment Control/Site Improvement Permit application.

I hereby certify that, to the best of my knowledge, the above information, including any accompanying documents, are true and correct. I understand that any misrepresentation of such information may invalidate any approval of this Erosion & Sediment Control/Site Improvement Permit application. I have read and will comply with all erosion and sediment control requirements and will construct and maintain erosion and sediment control measures as necessary to prevent the loss of sediment from the site. I further certify that any and all work performed shall be performed in accordance with the ordinances of Porter County and the laws of the State of Indiana pertaining to such work, and that if Porter County finds otherwise, a STOP WORK ORDER will be issued.

APPLICANT:

 (PRINT NAME) (SIGNATURE) (DATE)

If this application is being submitted on behalf of the owner by an agent, contractor, site design professional, or other representative, please fill out, execute, and attach the required power of attorney form.

Reviewer: _____ Initial Review Date: _____