Town of Scott

$75.00

# EROSION CONTROL PERMIT APPLICATION

| 1. **Owner** | **Applicant/Owner's Agent/Builder** |
|---|---|
| Name _____ | Name _____ |
| Address _____ (street) | Company _____ |
| _____ (city) (state) (zip code) | Address _____ (street) |
| Telephone: office _____ | _____ (city) (state) (zip code) |
| fax _____ | Telephone: office _____ |
| email _____ | fax _____ |
| | email _____ |

2. **Site Location:**
Street Address _____ Parcel ID. _____

Town of _____ Section _____, T_____N, R_____E

Plat/ CSM _____ Lot # _____

3. **Disturbed Area** (square feet or acres):_____

4. **Project Schedule:**
Anticipated Start Date:_____ Anticipated End Date:_____

5. **Checklist:** (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, anc 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.

_____ _____

Signature of Applicant or Agent Date

---

(Office Use Only) Log #_____/_____

Fee Received $_____ Date _____ Receipt # _____ Received By _____

Permit Number _____ Date _____ Issued By _____