



Land Disturbance/Grading Permit Application

PROPERTY OWNER INFORMATION		
Company Name		
Last Name	First Name	
Address		
City	State	Zip
Phone Number		
Email Address		

TYPE
Is a State NPDES General Permit #2 required for this site? <input type="checkbox"/> Yes <input type="checkbox"/> No
As the property owner, have you accepted a transfer of liability? <input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE	
Permit Number	Date Received/Paid
Date Issued	Total Fees Paid
Date Completed	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

APPLICANT INFORMATION (IF NOT PROPERTY OWNER ABOVE)		
Company Name		
Last Name	First Name	
Address		
City	State	Zip
Phone Number		
Email Address		

PROPERTY LOCATION	
Street address or location of property to be covered by this permit	
Legal Description	
Total Site Acreage	Total Disturbed Acreage

WORK INFORMATION		
Please attach a sheet with the information below. Be specific. Attach maps or drawings with street names or nearest street address or address range, approximate depths, silt fence locations, gravel or hard surface entrances, etc.		
A. Description of work (type and extent) to be performed		
B. Location of work		
C. Purpose of work to be performed		
Anticipated Start Date (mm/dd/yyyy)	Anticipated Completion Date (mm/dd/yyyy)	Total area to be disturbed (acres)

CONTRACTOR INFORMATION (PERSON/COMPANY WHO WILL BE ACCOMPLISHING WORK UNDER THIS PERMIT. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED FOR ADDITIONAL CONTRACTORS.)		
Company Name		
Last Name	First Name	
Address		
City	State	Zip
Phone Number		
Email Address		
Have you attached an additional page listing other contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SIGNATURE / NOTICE	
NOTICE: This permit expires 12 months from the date of issuance. PLEASE ALLOW A MINIMUM OF 5 WORKING DAYS FOR PERMIT REVIEW AND APPROVAL.	
The undersigned warrants that he/she has reviewed and is familiar with the provisions of applicable codes and all applicable zoning standards and will defend, indemnify, protect and save harmless the City and its employees from any and all liability, from any claim or cause of action which any person may have or claim to have by reason of any actual or alleged failure on the part of the undersigned to comply with the terms and provision thereof.	
I hereby certify that I have read and examined this application and its attachments and know the same to be complete, true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. I agree to adhere to the plans as submitted and approved by the City Staff and will provide notification of any change prior to construction. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.	
Signature of Applicant	Date
Printed Name	