TOWN OF SOUTHBURY
EROSION & SEDIMENTATION CONTROL FORM

NAME OF APPLICANT: ____________________________________________________________
ADDRESS: _____________________________________________________________________
PHONE: __________________________ ALTERNATE PHONE: _____________________________
LOCATION OF DEVELOPMENT: ______________________________________________________
MAP _______ BLOCK ________ LOT _________
TENTATIVE START & COMPLETION DATES: ____________________________________________

INCLUDE A PLOT PLAN AT 1” = 40’ SCALE SHOWING APPROXIMATE LOCATION OF PROPERTY LINES, PROPOSED
BUILDING STRUCTURES, DRIVEWAY AND SEPTIC SYSTEMS, AREA OF SOIL STOCKPILE, PROPOSED EROSION
CONTROL DEVICES, CONTOUR INTERVALS NOT MORE THAN 10 FEET MUST BE INCLUDED.

ESTIMATED AREA OF LAND DISTURBANCE: ____________________________________________

DESCRIPTION OF STRUCTURE: _______________________________________________________

SITE CONTRACTOR: __________________________________________________________________
ADDRESS: _________________________________________________________________________

TELEPHONE: _______________________________________________________________________

PERSON RESPONSIBLE FOR IMPLEMENTATION OF PLAN: (Provide contact information if different from above)
____________________________________________________________________________________

NOTE: NEW ONE & TWO FAMILY DWELLINGS MUST SUBMIT A SOIL EROSION CASH BOND.

SIGNATURE OF APPLICANT: __________________________________________ DATE: ______/____/____

PROVIDE NOTIFICATION TO LAND USE INSPECTOR 48 HOURS PRIOR TO START OF CONSTRUCTION.

DATE RECEIVED: __________________________