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