



# EROSION AND SEDIMENT CONTROL PERMIT

Town of Corte Madera  
 Department of Public Works  
 233 Tamalpais Drive, Suite 200, Corte Madera, CA 94925  
 Phone: (415) 927-5057, Fax: (415) 927-6711

_____ <b>PERMIT NUMBER</b>
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## APPLICATION SECTION

<b>SITE ADDRESS</b>		<b>APN</b>
<b>APPLICANT</b> Name	<b>CONTRACTOR</b> Company Name	
Street Address	Street Address	
City, St, Zip Code	City, St, Zip Code	
Phone No.                      Cell No.	Contact Name	
<b>PROPERTY OWNER</b> <i>(If different from Applicant)</i>	Phone No.                      Cell No.	
	State Lic.                      Bus. Lic.	
Name                      Phone No.	Estimated Surface Area in Square Feet	SF
<b>DESCRIPTION OF WORK / SURFACE IMPROVEMENT</b>		
<b>ESTIMATED START DATE</b>		<b>ESTIMATED COMPLETION DATE</b>
Related to Design Review or Plan Review Application <input type="checkbox"/>		Design Review/Plan Review No.

\_\_\_\_\_ **Print Name**                      \_\_\_\_\_ **Signature of Applicant** *(circle one) Owner, Agent, Contractor*                      \_\_\_\_\_ **Date**

## APPROVAL SECTION

In compliance with this application and subject to all of the terms, conditions, and restrictions written below, all applicable sections of the Corte Madera Municipal Code, and in accordance with approved plans subject to the following revisions and conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> Erosion and Sediment Control Plan required (3 copies)<br><input type="checkbox"/> All excavation is to be on owner's property.<br><input type="checkbox"/> No sediment is to reach the street or adjacent property.<br><input type="checkbox"/> Excavation to be covered after work hours.<br><input type="checkbox"/> The Permittee shall provide for proper drainage if the work shall interfere with the established drainage pattern. | <input type="checkbox"/> All erosion and sediment control provisions shall comply with the latest edition of ABAG Manual of Standards for Erosion and Sediment Control Measures.<br><input type="checkbox"/> All disturbed soil shall be completely covered with erosion control measures.<br><input type="checkbox"/> Security amounting to \$_____. |
|--|---|

Other: \_\_\_\_\_

The **Applicant's Project Engineer** shall inspect all erosion and sediment control measures after every storm event and appropriate modifications shall be made as necessary to maintain effective erosion and sediment control at the site.

<b>PERMIT APPROVED AND ISSUED</b>
By _____ Public Works Department
Date Issued: _____
Permit Expiration Date: _____

<b>FEE SCHEDULE</b>	
<u>Surface Improvement</u>	
1. Less than 1,000 sf (\$225)	\$ _____
2. 1,000 sf to less than 5,000 sf (\$475)	\$ _____
<u>Greater than 5,000 sf</u>	
3. 5,000-10,000 sf (Deposit \$1,500) * (Enter into a Cost-Based Fee Agreement)	\$ _____
4. Greater than 10,000 sf (Dep. \$2,500) * (Enter into a Cost-Based Fee Agreement)	\$ _____
5. Security - Refundable - \$800 min. up to 75¢/sf for areas greater than 5,000 sf	\$ _____
Total Fees	\$ _____
Date: _____ Receipt # _____ Ck # _____	
* Initial deposit amount only. Any remainder will be refunded; additional staff time will be billed per Hourly Rate Schedule.	

**Final Inspection By:** \_\_\_\_\_  
Public Works Representative

**Date:** \_\_\_\_\_