



EROSION AND SEDIMENT CONTROL PERMIT

Town of Corte Madera
 Department of Public Works
 300 Tamalpais Drive, Corte Madera, CA 94925
 Phone: (415) 927-5057 Fax: (415) 927-5039

PERMIT NUMBER

APPLICATION SECTION

SITE ADDRESS	APN
APPLICANT Name	CONTRACTOR Company Name
Street Address	Street Address
City, St, Zip Code	City, St, Zip Code
Phone No. Cell No.	Contact Name
PROPERTY OWNER <i>(If different from Applicant)</i>	Phone No. Cell No.
	State Lic. Bus. Lic.
Name Phone No.	Estimated Surface Area in Square Feet SF
DESCRIPTION OF WORK / SURFACE IMPROVEMENT	
ESTIMATED START DATE	ESTIMATED COMPLETION DATE
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)
<input type="checkbox"/> All excavation is to be on owner's property.
<input type="checkbox"/> No sediment is to reach the street or adjacent property.
<input type="checkbox"/> Excavation to be covered after work hours.
<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.
<input type="checkbox"/> All disturbed soil shall be completely covered with erosion control measures.
<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.

PERMIT APPROVED AND ISSUED

By _____
 Public Works Department
 Date Issued: _____
 Permit Expiration Date: _____

Final Inspection By: _____
 Public Works Representative

Date: _____

FEE SCHEDULE

Surface Improvement

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.