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 Phone No. Cell No.
PROPERTY OWNER (*If different from Applicant*) Name Phone No.	State Lic. Bus. Lic. 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 ☐	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:

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

Greater than 5,000 sf

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.