



City of Scotts Valley
 One Civic Center Drive
 Scotts Valley, CA 95066
 (831) 440-5640

Plan Check Deposit: \$ _____
 Receipt Number: _____
 Date Received: _____
 Received by: _____

TEMPORARY EROSION CONTROL PERMIT APPLICATION

Project Address: _____ APN _____

Property Owner's Name: _____

Address: _____ City _____ Zip _____ Phone: _____

Contractor's Name: _____

Address: _____ City _____ Zip _____ Phone: _____

CUBIC YARDS FILL: _____ CUBIC YARDS CUT: _____ SQUARE FEET CLEARED: _____

AVERAGE SLOPE IN PROJECT AREA: _____ VALUATION \$ _____

Are there Conditions of Approval from the Planning Commission, Design Review, or the City Council? Yes _____ No _____
 (If yes, these must be attached to this application. If you don't know, check with the Planning Department before completing this application).

180 DAYS LIMITATIONS:

An application for which no permit is issued within 180 days following the date of application shall expire by limitation and may be returned or destroyed. A permit issued subsequent to this application becomes null and void if work or construction authorized is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

IMPORTANT!

All work must be completed per the approved plans. No changes can be made in the field and all proposed changes must be shown on revised plans and approved in writing prior to the work being done. Failure to adhere to the approved plans may result in significant delays and potential fines. If modifications are necessary, they must be approved in writing prior to the work being done. Requests for changes may be considered by the appropriate board, commission or city department and approved or denied based on the circumstances of the case. Changes to projects without prior written approval will not be tolerated.

SIGNATURES:

Owner _____ Date: _____

Licensed Contractor Signature or
 Authorized Agent (requires signed Owner/Agent form): _____ Date: _____

| | | | |
|-----------------------|-------------|--------------------------------|-------------|
| Contractor's | Expiration | City of Scotts Valley | Expiration |
| License Number: _____ | Date: _____ | Business License Number: _____ | Date: _____ |

PLANNING DEPT: Zoning: _____ Comments: _____ Cleared by: _____ On: _____

PUBLIC WORKS: Encroachment Fee \$ _____ Comments: _____ Cleared by: _____ On: _____

BUILDING DEPT: Plan ck fee \$ _____ Grading permit fee \$ _____ Cleared by: _____ On: _____

FIRE DISTRICT: Fees: \$ _____ Comments: _____ Cleared by: _____ On: _____

AP# _____ Application Intake: \$ _____ GP Maint \$ _____ TOTAL FEES DUE: \$ _____ BP # _____ RCT # _____