



EROSION AND SEDIMENT CONTROL PERMIT

Town of Corte Madera, Department of Public Works
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Phone: (415) 927-5057 | Fax: (415) 927-5039

<hr/> PERMIT NUMBER

APPLICATION SECTION

Site Address:		Assessor's Parcel Number (APN):	
APPLICANT		CONTRACTOR	
Name:		Company Name:	
Street Address:		Street Address:	
City / State / Zip:		City / State / Zip:	
Phone:	Cell:	Contact Name:	
Email:		Phone:	Cell:
PROPERTY OWNER (if different from Applicant):		State Lic. #	Town Bus. Lic. #
Name:		License Classifications:	
Phone:			
Description of Work / Surface Improvement:			Estimated Surface Area in Square Feet:
Start Date:	Completion Date:	Plan Review #:	

Print Name of Applicant _____

Signature of Applicant _____

Date _____

Applicant is: Owner Agent Contractor

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 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 excavation is to be on owner's property. | <input type="checkbox"/> All disturbed soil shall be completely covered with erosion control measures. |
| <input type="checkbox"/> No sediment is to reach the street or adjacent property. | <input type="checkbox"/> Security amounting to \$_____. |
| <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"/> 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 Representative

Date Issued: _____

Permit Expiration: _____

INSPECTION NOTES

Inspected by: _____ Date: _____

Notes/Corrections: _____

FINAL INSPECTION

By: _____
Public Works Representative

Date: _____

FEE SUMMARY

Surface Improvement

1. Less than 1,000sf (\$325)	\$ _____
2. 1,000sf to less than 5,000sf (\$550)	\$ _____
Greater than 5,000sf	
3. 5,000sf-10,000sf (Deposit \$1,500)**	\$ _____
4. Greater than 10,000sf (Deposit \$2,500)**	\$ _____
5. Security – Refundable – \$800 min. up to 75¢/sf for areas greater than 5,000sf	\$ _____
6. Other: _____	\$ _____
Total Fees/Deposits \$ _____	

Date: _____ Receipt # _____ Ck/MC/V # _____

* Initial deposit amount only. Any remainder will be refunded; additional staff time will be billed per Hourly Rate Schedule.
** Enter into Cost Based Fee Agreement.