



# CONSTRUCTION GRADING, SEDIMENT AND EROSION CONTROL PERMIT APPLICATION

Project Address/Location: \_\_\_\_\_

Has a Stormwater Management Plan been submitted to the City?  YES  NO

MPCA Permit Number: \_\_\_\_\_

Sq. Ft / Acres Disturbed: \_\_\_\_\_

Person Responsible for Providing Stormwater Management and Maintenance at the above address is:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Permit Applicant:** I agree that I am responsible to protect, repair, or replace any installed erosion and sediment control measures disturbed by activity, and to monitor the effectiveness of the current SWPPP during construction activity in the area(s) listed above. I understand and agree to comply with any applicable provisions as described in the City of Northfield Stormwater Management Ordinance (Chapter 22, Article VI). I understand and agree to protect, repair, or replace in-place erosion and sediment control measures, where applicable. I also understand that I may need to supplement or modify implemented protection measures as site conditions develop to control on-site erosion and ensure all site runoff is adequately treated by storm water controls. I will also be responsible for actions of all subcontractors and delivery personnel at the worksite related to construction activity, and their impact on any SWPPP. I agree to have the sediment control and erosion installer certified in Minnesota. In accordance with the City of Northfield Stormwater Ordinance (<http://bit.ly/1qXx8V7>), I agree to authorize the City of Northfield to access determined escrow or certified letter of credit if any costs are incurred in correcting stormwater pollution control deficiencies. If I fail to do corrective work within the stipulated time and if payment is not made within thirty (30) days after costs are incurred, then the City may assess the remaining amount against the property as listed above and I waive all rights to challenge the amount or validity of the assessment under Minn. Stat. sec. 429.081.

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \$200

### For City Use Only

Reviewer: \_\_\_\_\_ Permit Issuance Date: \_\_\_\_\_

Grading Permit #: \_\_\_\_\_ Issued By: \_\_\_\_\_

Building Permit #: \_\_\_\_\_ Permit Closed Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_