LORAIN SOIL & WATER CONSERVATION DISTRICT
EROSION & SEDIMENT CONTROL PLAN REVIEW APPLICATION FORM

ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM. THE PLAN REVIEW FEE SHALL BE SUBMITTED WITH THE DEVELOPMENT PLAN. PLANS SHALL NOT BE APPROVED UNTIL THE 2 YEAR PERMIT COVERAGE AND INSPECTION FEE HAS BEEN PAID.

1. Owner Information
   Name: ___________________________ Phone: ___________________________
   Address: ___________________________ Email: ___________________________
   City: __________________ State: __________________ Zip: ________________

2. Agent/Engineer/Contractor/Builder/Operator Information
   Name: ___________________________ Phone: ___________________________
   Contact Person: __________________ Fax: ___________________________
   Address: ___________________________ Email: ___________________________
   City: __________________ State: __________________ Zip: ________________

3. Registered Contractor/Certified Inspector
   Name: ___________________________ Phone: ___________________________
   Contact Person: __________________ Email: ___________________________

4. Site Information
   Site Name: ___________________________ Township: ___________________________
   Address: ___________________________ Project Type: ___________________________
   Parcel #: ___________________________ Sublot #: _____________ Phase #: _____________
   NPDES Permit #: ___________________________ Wetland Permit #: ___________________________
   Latitude: ___________________________ (N) Longitude: ___________________________ (W)

5. Soil Disturbing Activity Information
   Total Project Area (acres): ___________________________ Total Site Disturbance (acres): ___________________________
   Total Contributing Drainage Area (acres): ___________________________
   Pre-Construction Site Conditions: ___________________________
   Proposed Start Date: ___________________________ Estimated Completion Date: ___________________________

6. Payment Information
   *Make Checks Payable to Lorain County Commissioners*
   Check #: ___________________________ Amount $: ___________________________ Date of Check: ___________________________

7. Certification
   *Must Be Signed By Registered Contractor*
   I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and are to the best of my knowledge and belief, true, accurate, and complete.
   I authorize the Lorain County Commissioners or its appointed agents to enter this property for the purposes of plan review, site inspection, or compliance with the Lorain County Erosion & Sediment Control Rules for the duration of the project.
   I have read and understand/acknowledge the Lorain County Erosion & Sediment Control Rules.

Printed Name: ___________________________
Signature: ___________________________ Date: ___________________________