

LFUCG LAND DISTURBANCE PERMIT APPLICATION AND ESC PLAN CHECKLIST FOR DEMOLITION/REDEVELOPMENT

OWNER/DEVELOPER Name: _____ Signature: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contractor Name and Address: _____ Reg #: _____
 Contact Name: _____ Signature: _____ Phone/Fax: _____

ITEM DESCRIPTION	Y	N	N/A	NOTES
I. ESC plan stamped by licensed prof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
III. BMPS:				
Site Preparation:				
Construction Entrance/Exit Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. 2 stone w/filter fabric, min. 50 ft long (100' where practical)
Soil Stabilization:				
Seeding/sodding schedule/timing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applied within 14 days of reaching final grade or suspending work
Slope Protection:				
Silt Fence downslope of bare areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silt Fence installed along contour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drainage System Control:				
Inlets Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good Housekeeping:				
Spill Prevention and Control Addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust control addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dewatering operations are filtered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Narrative:				
BMP Inspection Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Every 7 days and after 0.5" of rainfall
BMP Maintenance Requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roadway Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LFUCG USE ONLY: Review Date: _____ Status: In Compliance Y N Additional Info Needed: Y N
 Reviewed By: _____ Department: _____
 Comments / Items Missing or Incomplete: