

Application for Approval Under the Trumbull County Erosion and Sediment Control Rules
Trumbull Soil and Water Conservation District

THE APPROPRIATE FEE MUST BE SUBMITTED BEFORE THE PLAN REVIEW PROCESS BEGINS

1. Owner Information

Name: _____ Phone: _____
Contact: _____ Fax: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

2. Agent/Contractor/Homebuilder Information

Company: _____ Phone: _____
Contact: _____ Cell: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____

3. Site Location Information

Facility/Site Name: _____ Township: _____
Address: _____ Project Type: _____
City: _____ State: _____ Zip: _____

4. Soil-Disturbing Activity Information

Total Project Area (in acres) _____ Proposed Start Date (mo/day/yr) _____
Impervious Surface Area _____ Estimated Completion Date (mo/day/yr) _____

5. Receiving Water Information

Receiving Water Body: _____ Watershed Name: _____

6. Additional Natural Resource Permits (if applicable)

Ohio Environmental Protection Agency NPDES Permit # _____ Or NOI (date sent) _____
U.S. Army Corps of Engineers Section 404 Permit # _____ Or NWP # _____
Other Pertinent Natural Resource Permits Required: _____

7. Payment Information

Make Checks Payable to: Trumbull SWCD

Date of Check: _____ Check Number: _____ Amount: _____

8. Certification

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. By signing this document I acknowledge that this project will fall under the Trumbull County Erosion and Sediment Control Rules and will not be exempt for any reason, including agriculture. I agree to immediately inform Trumbull SWCD should any information on this application change.

Printed Name: _____ Affiliation: _____
Signature: _____ Date: _____

For Office Use Only:

Date Paid: _____ Receipt #: _____ Initials: _____ Approved by: _____