

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: _____