



CITY OF ALBANY
 Public Works Department
 333 Broadalbin Street SW
 Albany, OR 97321
 541-917-7676 Phone 541-917-7573 Fax
 541-791-0116 EPSC Hotline
epsc@cityofalbany.net

PERMIT APPLICATION

EROSION PREVENTION AND SEDIMENT CONTROL (EPSC)

- NEW EROSION AND SEDIMENT CONTROL PERMIT**
 PERMIT TRANSFER - OWNERSHIP TRANSFER

JOB SITE LOCATION
Address _____ _____
Map Lot No.: _____
Subdivision: _____ Lot: _____
OWNER INFORMATION
Name: _____
Home Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
email: _____
24-HOUR EMERGENCY CONTACT
Contact Name: _____
24-hr. Phone No.: _____
GENERAL CONTRACTOR
Contact Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
Email: _____ CCB#: _____
EPSC PLAN PREPARATION – IF APPLICABLE
Person Preparing Plan: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Email: _____ Phone: _____

DESCRIPTION OF WORK
Lot size (sq. feet) _____
Size of disturbed area (sq. feet) _____
Description: _____ _____ _____
If the disturbed area is subject to one or more of the items below, you must submit a plot plan:
<input type="checkbox"/> Disturbed area is greater than 1 acre
<input type="checkbox"/> Average slopes greater than 5 percent in affected area
<input type="checkbox"/> Slopes greater than 3:1 exceed 6 feet in height
<input type="checkbox"/> Contains stream, creek, river, lake, or wetland
<input type="checkbox"/> Drainage way or swale (collects 1+ acres)
DEPARTMENT USE ONLY
Date Application Received: _____
Date EPSC Plan Reviewed: _____
EPSC Permit#: _____
SI Project Name/#: _____
Building Permit #: _____
PERMIT REQUIREMENTS - BEFORE WORK
<input type="checkbox"/> Signed Application By Property Owner
<input type="checkbox"/> Site Plot Plan – With Sediment Controls Shown
<input type="checkbox"/> Approval of EPSC Plans
<input type="checkbox"/> Payment of Permit Fee
<input type="checkbox"/> Initial Site Visit – To Inspection Sediment Controls
<input type="checkbox"/> Minor Land Disturbing Activity
<input type="checkbox"/> Major Land Disturbing Activity

By my signature below I swear or affirm that the information provided above is true and correct to the best of my knowledge and belief. I understand that failure to comply, on the part of myself or any other persons or entities performing work under this permit, with the requirements of the City of Albany EPSC program, this and any other applicable permit, the Albany Municipal Code, and any other applicable laws, codes, and covenants, can cause delays in the permitting process, result in a stoppage of work, and/or incur fines and other penalties. I understand that I assume full legal and financial responsibility for all activities performed under this permit which cause damages to rights-of-way, storm drains, swales, drainage ways, wetlands, and/or Waters of the State. I understand that a Certificate of Occupancy will not be issued for any new construction until the site has been completely stabilized and this permit has been closed or transferred.

Signature of Property Owner

Date

Printed Name of Property Owner

Date