

Submit Application to pw-customerservice@cityofalbany.net.



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

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: _____	
<p>If the disturbed area is subject to one or more of the items below, you must submit an EPSC plan:</p> <ul style="list-style-type: none"> <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 No.: _____	
SI Project Name/No.: _____	
Building Permit No.: _____	
PERMIT REQUIREMENTS – BEFORE WORK	
<ul style="list-style-type: none"> <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 Inspect 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