

EROSION / EXCAVATING PERMIT APPLICATION

**CITY OF CLAY, ALABAMA
INSPECTIONS SERVICES DEPT.
P.O. BOX 345, CLAY, AL 35048**

EROSION / EXCAVATION

PERMIT NO. _____

BUS. LIC. NO. _____

Date _____ Case No. _____ Master No. _____ Project No. _____	\$7.00 Per \$1,000 \$30.00 Minimum Fee Amount \$ _____ Bond Amount \$ _____ RE-INSPECTION FEES First Re-inspection on each jobsite \$25.00 Second Re-inspection on each jobsite \$30.00 All additional Re-inspections on each jobsite \$50.00
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**Please print or type legibly and fill in all that apply
(sections with bold borders must be completely filled out before application will be accepted)**

Application is hereby made to accomplish the work as herein described in accordance with Plans and Specifications submitted herewith. It is agreed that all corrections in Plans and / or Specifications necessary for compliance shall be observed and all requirements of the Soil Erosion and Sediment Control Ordinance, the Zoning Ordinance, and all other pertinent Laws and Ordinance of the City of Clay regulating construction shall be complied within the pursuit of this work, whether or not specified herein.

Site Address _____ City / State / Zip _____
 Location _____
 Project Name (if multiple lots involved) _____
 Legal Description Lot(s) _____ Block(s) _____
 If no recorded map, attach metes and bounds.

PROPERTY OWNER—(Please fill in all that apply)
 NAME _____
 ADDRESS _____
 CITY / STATE / ZIP _____
 PHONE () _____ CELL () _____
 FAX () _____ PAGE () _____
 E-MAIL _____

PERSON, FIRM, AGENT OR CORPORATION MAKING APPLICATION*
 NAME _____
 COMPANY NAME _____
 ADDRESS _____
 CITY / STATE / ZIP _____
 PHONE () _____ CELL () _____
 FAX () _____ PAGE () _____
 E-MAIL _____
 * Applicant is required to be authorized by owner to undertake work

PLANS DRAWN BY: Architect Landscape Architect Engineer
 NAME _____
 COMPANY NAME _____
 ADDRESS _____
 CITY / STATE / ZIP _____
 PHONE () _____ CELL () _____
 FAX () _____ PAGE () _____
 E-MAIL _____
 * Applicant is required to be authorized by owner to undertake work

CONTACT PERSON
 NAME _____
 COMPANY NAME _____
 ADDRESS _____
 CITY / STATE / ZIP _____
 PHONE () _____ CELL () _____
 FAX () _____ PAGE () _____
 E-MAIL _____
 * Applicant is required to be authorized by owner to undertake work

DESCRIPTION OF WORK _____

PROPOSED USE _____

PERMIT TYPE: Clearing Clearing / Grading || PROPERTY TYPE: Commercial / Subdivision Residential—Single

IS ARCHITECTURAL OR ENGINEERING SUPERVISION INCLUDED? Yes No
If yes, by whom? Architect Engineer Landscape Architect
NAME _____ COMPANY NAME _____
ADDRESS _____ CITY / STATE / ZIP _____
PHONE () _____ CELL () _____
FAX () _____ PAGE () _____
E-MAIL _____

ARCHITECTURAL OR ENGINEERING INSPECTOR
NAME _____ COMPANY NAME _____
ADDRESS _____ CITY / STATE / ZIP _____
PHONE () _____ CELLULAR () _____
FAX () _____ PAGE () _____
E-MAIL _____

ARCHITECTURAL OR ENGINEERING INSPECTOR

Engineer's

Certification Provided
 Yes No

Bond Waiver
 Yes No

Penalty Fee
 Yes No

CERTIFICATION

Prior to any work beginning, the owner listed below agrees to the following:

Hold the City of Clay, its officers, agents and employees, harmless from any and all claims made against the City of Clay, which arise out of any action or omission of the owner, contractor or subcontractor, or any of their officers, employees or agents, and any and all claims which result from any condition arising out of, created or maintained by the owner, contractor or subcontractor or any of their officers, employees or agents,

That no work, including clearing and / or earthwork, shall be performed without first installing all temporary erosion control measures, as shown on the plans, and until the applicant has requested review by the Inspections Services Department of the completed temporary erosion control measures,

That I have read this application and that all information contained herein is true and correct,

That I agree to comply with all City ordinances and State laws regulating this construction.

I hereby certify that I have read this application and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally, is false or is a misrepresentation of the material facts, the permit or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his / her behalf and that I may be required to provide written documentation of such authorization to the City of Clay.

Signature of Owner or Authorized Agent Date

Signature of Owner or Authorized Agent Date

Reviewed by _____ Date _____