



COMMERCIAL/INDUSTRIAL CONSTRUCTION GRADING/ EROSION & SEDIMENT CONTROL (ESC) PERMIT APPLICATION

Project Address/Location: _____
(e.g. 500 block 3rd Ave. E or 3709 42nd Ave. S or Lot, Block, Addition)

Has a Stormwater Management Plan been submitted to the City? Yes NA
(Required for all projects where one or more acres of cumulative impervious surface results)

MPCA Permit Number: _____
(Required if land disturbance is at least one acre or part of a development/sale disturbing at least one acre)

Sq. Ft. /Acres Disturbed: _____

Person Responsible for Providing Stormwater Management and Maintenance at the above address is:

Company Name: _____ Contact Name: _____

Street Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Commercial/Industrial Construction Contractor: I certify that I have reviewed a copy of any current Storm Water Pollution Prevention Plan (SWPPP) for the project area in which I am working and I am responsible to protect, repair or replace any installed erosion and sediment control measures disturbed by my activity, and to monitor effectiveness of the SWPPP during my construction activity in the area(s) listed above. I understand and agree to comply with any applicable provisions as described in the City of Owatonna Stormwater Management Ordinance. I understand and agree to protect, repair or replace in-place erosion and sediment control measures, where applicable. I also understand that I may need to supplement or modify implemented protection measures as site conditions develop to control on-site erosion and ensure all site runoff is adequately treated by storm water controls. I will also be responsible for actions of all subcontractors and delivery personnel at the worksite related to my construction activity, and their impact on any SWPPP. I certify that I have read the City of Owatonna Stormwater Ordinance No. 317. I agree to reimburse the City of Owatonna any costs incurred in correcting stormwater pollution control deficiencies. If I fail to do corrective work within the stipulated time and if payment is not made within thirty (30) days after costs are incurred, than the City may assess the remaining amount against the property as listed above and I waive all rights to challenge the amount or validity of the assessment under Minn. Stat. sec. 429.081.

Contact Name: _____ Signature _____ Date _____
(printed)

Permit Fee: 500 sq. ft. or less disturbed = No Fee 501 sq. ft. or more = \$250.00

For City Use Only

Reviewer: _____ Permit Issuance Date: _____

Grading/ESC Permit #: _____ Issued by: _____

Building Permit #: _____ Permit Closed Date: _____

Inspector Name: _____