## **Grading & Erosion Control Permit Application for Non-Single Family Construction**

## City of Sherwood Engineering Department - Public Works Division 22560 SW Pine Street, Sherwood, OR 97140 Phone: (503) 925-2309 Fax: (503) 625-0629

Permit Number:

JOB SITE INFORMATION AND LOCATION		EYCAVATI	EXCAVATION	
Job site address:				
City/State/ZIP:		Total Volume:		
Project name:		Max. depth:		
Cross street/directions to job site:		Total Disturbed Area:	Sq Ft/Acres	
Cross succedurections to job site.		FILL		
		Total Volume:	Cu. Yds.	
Subdivision:	Lot no.:	Max. depth:	Ft.	
Tax map/parcel no.:	Lot no	Total Disturbed Area:		
DESCRIPTION OF WORK & INTENDED USE		NOTICE	NOTICE	
PROPERTY OWNER		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
Name:				
Address:			201017/21/22 27 2721/7	
City/State/ZIP:			CONDITIONS OF PERMIT	
Phone:	Fax:		Grading to conform to Appendix J of the 2007 Oregon Structural Specialty Code, as adopted by the City of	
APPLICANT		Sherwood.	Sherwood.	
Business name:		This permit is valid for mass site g		
Contact name:			cover any construction for roadways, underground utilities, or public improvements. Construction for any public improvements will be permitted only upon approval of Final	
Address:		improvements will be permitted or		
City/State/ZIP:		Engineering Plans. Work perform any public improvements, will be		
Phone:	Fax::	risk. Work under this permit does	risk. Work under this permit does not guarantee approval of	
E-mail:	•	future permits.		
ENGINEER		Issuance of this permit does not imply any City approval of the site plan. Permit is valid for six months.		
Name:				
Address:		A copy of the Service Provider Letter from Clean Water Services is required prior to issuance of Grading permit.		
City/State/ZIP:				
Phone:	Fax:		All Erosion Control measures must be installed and approved prior to any site work. Call Dan Raven at	
E-mail:	•	503.217.9218 to schedule.		
CONTR	ACTOR			
Business name:				
Address:		GRADING & EROSION CONTROL PERMIT FEES		
City/State/ZIP:		Please refer to City of Sherwood	od current fee schedule	
Phone:	Fax:	Fees due upon application		
CCB lic.:		Amount received		
Authorized		Date received:		
Signature:		This permit application expires if a permit is not obtained		
Date:		within 180 days after it has been accepted as complete		