

City of El Centro **Engineering Division** 1275 West Main Street El Centro, CA 92243 (760) 337-5182

Grading & Erosion Control Permit Application

FORM

ED-002

CITY OF EI CENTRO

(760) 337-3856 - FAX

July 2024 1. Project Address/Location: Include Building or Suite No. Project No. For City Use Only

		, El Centro,	CA 92243	GR
2. Project Title: (if applicable)				Assessor's Parcel Number
3. Brief Project Description:			"	
Start Date: En	nd Date:			
4. Does project disturb over 10	,000 SF of surface or crea	te or replace 5,0	00 new SF o	f impervious area (roofto)
pavement)?	No, creates or replaces betw	veen 2,500 and 5,0	000 SF of impe	ervious area. (Standard Proje
Yes (Regulated Project)	(Standard Project - Contact Bui	llding Department fo	or requirements	s, complete only questions 11-13)
5. Is the project over 1 acre?				
☐ Yes (attach NOI and WDID t	7 , 0	BMP's shall be sh	own on plan,	see Erosion Control Checklist
6. SPR or CUP conditions are		I .: ID 000)		□ Yes □ No
7. Conditions are listed on plan		letin 1B-002):		□ Yes □ No
8. Hydrology and Hydraulic Ca		J DMD' J	- 1 IDMD	. D.V D.N/A
Calculations showing treatmen Retention Basin(s) provided wit			ea per JKMP	: □ Yes □ N/A □ Yes □ N/A
netention basin(s) provided wit			nartment for	infill development requiremen
9. Grading Plan: Applicant is red				
materials and adjacent structur				Yes No
Erosion Control Plan: Applic				
Checklist and City JRMP (If "Y			□ No	
10. Cubic Yards of Earth Distur	bed:			
CUT:	EXPORT:		TOTAL C	UBIC YARDS:
11. Soils Engineer (if required):				
Firm Name:		Telephone:		Fax:
	-			
Consultant Report Number:		eport Date:	D 0 1	
12. Applicant Name: Check one		e or Tenant	☐ Consulta	
This is the property owner, pers				
approval of grading plans by the	e City of El Centro and who l	has the right to ca	ncel the appr	oval (in addition to the prope
owner): Name:	Telephone:	Cell phone:		Fax:
rvaine.	refeptione.	cen phone.		I da.
Address:	City:	State:	Zip Code:	E-mail Address:
			•	
13. Contractor Name - This is th	e property owner, person or e	entity that is gran	ted authority	by the property owner to
physically perform the required				
(Note: Permit may be review			nation is pro	
Name:	Telephone:	Cell phone:		Fax:
Address:	City:	State:	Zip Code:	E-mail Address:
Contractor License Number		lantmastan Lisansa	Ermination D	Nata
Contractor License Number: 14. Qualified SWPPP Practition		Contractor License		rate:
	Cert. Number:	Phone:	e only):	
Notice: The City reserves the right			ny of the term	s of this permit are violated
Please allow two (5) days minimum				
hours in advance of required ins				()
Regulated Project Processing Fe		d prior to issuance	e of permit.	
Applicant's Signature: I certify th				rmation is correct, and that l
am the property owner, authorized a				
the use of the property that is the su				
time if the approved erosion control				
applicant is responsible for knowing	and complying with the gove	erning policies an	d regulations	applicable to the proposed
development or permit. The City is				
applicant of any applicable laws or r	egulations, including before	or during final ins	spections. Cit	y approval of a permit
application, including all related pla				
nor does it constitute a waiver by th		•		
applicable policies and regulations.	Lauthorize representatives of	of the City to ente	r the above-id	entified property for inspect

purposes.

Signature:

Date: