



Site Development Application

City of Troutdale

104 SE Kibling Ave., Troutdale Or 97060

Permit Specialist 503 674-7229

Application No.	Permit No.
Date Received	Date Issued
Received By	Issued By
Receipt No.	Receipt No.

Inspection requests: Phone: 503 674-7204 Fax: 503 667-0524 E-mail: inspection@ci.troutdale.or.us

JOB SITE INFORMATION AND LOCATION

Address:

Project name:

Subdivision:

Lot no.:

DESCRIPTION OF WORK

PROPERTY OWNER

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

CONTRACTOR

Business name:

Address:

City:

State:

Zip:

Phone:

Fax:

CCB license no.:

City or Metro license no.:

Troutdale Development Code 5.614 (B)(1) Responsibility: The applicant shall be the responsible person, or shall designate a specific person, herein identified as the developer, to be responsible for carrying out the erosion and sediment control plan.

Troutdale Development Code 5.614 (C) Duration of Maintenance: The duration of exposure of soils shall be kept to a minimum during construction. Exposed soils shall be covered by mulch, use of erosion blankets, sheeting, temporary seeding, or other suitable material following grading or construction, until soils are stabilized and new vegetation has been established. During the rainy season (November 1 through April 30), soils shall not be exposed for more than seven consecutive days. All disturbed land areas, which will remain, un-worked for 21 days or more during construction shall be mulched, seeded, or tarped.

Responsible Person (Print Name): _____ **Phone:** _____

Permits to commence construction **Will Not Be Issued** until the required erosion control measures have been installed, inspected, and approved by the Troutdale Public Works Department or designee. I hereby certify I have read and examined this permit application. All provisions of laws and ordinances governing the work described herein will be complied with, whether specified herein or not. Permits are non-transferable and expires 180-days of acceptance or 180-days from issuance or last inspection. I further certify that I have received instructions on the proper installation of Erosion Control Measures for the City of Troutdale.

Authorized signature:

Print name:

Date:

Inspected & Approved By: _____

Date: _____

