



FIELD CHANGE ORDER

TEMPORARY EROSION AND SEDIMENT CONTROL (TESC)

FCO _____

Paid Date _____
Amount _____
Check <input type="checkbox"/> Cash <input type="checkbox"/>
Check # _____

TYPE OF CHANGE REQUESTED:

SCOPE CHANGE

Will this extend the duration of active construction? Yes No If yes, list additional months: _____ months

DESIGN CHANGE

All information is required. No action can be taken on this application until all information is provided. PLEASE PRINT LEGIBLY.

Project Name: _____	TESC Permit #: TSC _____
Engineer Name: _____	
Engineer Phone: _____	Email: _____

PROPERTY OWNER	CONTRACTOR
Company: _____	Company: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____	Contact Name: _____ Phone: _____
Email: _____	Email: _____

Brief description of change(s): _____

1. Attach revised affected plan sheets, cost estimate and/or report.
2. The revision block shall note revision number on all sheets being issued with the date the revised plans are sealed, signed and dated by the Professional Engineer.
3. The sheet numbers being issued shall remain the same as they were within the original plan set.
4. The cover sheet shall remain the same.

STAFF USE ONLY

<p><u>SURETY ADJUSTMENTS</u></p> <p>Current Surety: \$ _____</p> <p>Revised Surety: \$ _____</p> <p>Difference: \$ _____; _____% (>10% requires adjustment)</p> <p><input type="checkbox"/> Reduction <input type="checkbox"/> Increase <input type="checkbox"/> No adjustment</p>	<p><u>INSPECTION FEE ADJUSTMENTS</u></p> <p>Additional Active months: _____ x \$110 = \$ _____</p> <p>Refunded Active months: _____ x \$110 = \$ _____</p> <p>Refunded Inactive months: _____ x \$55 = \$ _____</p> <p><input type="checkbox"/> No adjustment</p>
<p>FCO Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p style="text-align: right;">FCO Fee: \$ _____</p>	
<p>Development Services Approval Stamp</p>	<p>Stormwater Inspector: _____</p> <p>Phone: _____</p>