



TEMPORARY EROSION AND SEDIMENT CONTROL (TESC) LOW IMPACT PERMIT APPLICATION

TSC _____ (Assigned by Town Staff)

APPLICABILITY – Projects with a disturbed area less than one acre that do not require re-establishment of native vegetation and where insignificant negative impact can be adequately demonstrated to Town staff. Valid for three (3) months.

All information is required. No action can be taken on this application until all information is provided. PLEASE PRINT, except for signature.

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

Project Name: _____	Duration of Active Construction: _____ months <small>(Must be < 3 mos.)</small>
Location: _____	
Total Disturbed Area: _____ acres (must be <1 acre)	Estimated Material Volume: _____ cubic yards

By signing below, both applicants hereby apply for a Town of Castle Rock TESC Permit for the aforementioned property and certify as follows:

1. To the best of my/our knowledge, the information provided herein is correct;
2. A TESC Plan for the disturbed area on this site was prepared and submitted in accordance with the TESC Manual, as amended; and
3. I certify I am legally authorized to sign on behalf of and bind the above-listed entity. The TESC Permit is granted with the explicit understanding that it is the Permittees' responsibility to:
 - Allow the Town unrestricted access to the site to conduct regular site inspections;
 - Comply with all requirements of the TESC Manual, accepted TESC Plan, and TESC Permit;
 - Immediately cease land-disturbing activities upon receipt of a written Stop Work Order from an authorized representative of the Town of Castle Rock. A Stop Work Order shall be issued and this Permit revoked if the Permittees are not in compliance with the TESC Permit, TESC Plan and/or TESC Criteria Manual or the Permittees fail to take corrective action within the time specified on the written notification of such non-compliance;
 - Understand that in addition to other remedies, a violation of this TESC Permit shall constitute a violation of Section 15.34 of the Town of Castle Rock Municipal Code; and
 - Understand any approval obtained from the Town does not obviate your need to comply with any other applicable federal, state or local laws or regulations.

Property Owner

Print Name: _____

Title: _____

Signature: _____ **Date:** _____

Contractor

Print Name: _____

Title: _____

Signature: _____ **Date:** _____

PERMIT APPROVAL (Town Use Only)	
TESC Fee: \$ _____	Paid Date: _____ Amount: _____ Check <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

STAFF APPROVALS	
Development Services Approval Stamp	<p style="text-align: center;"><u>PLEASE CALL FOR REQUIRED PRECON MEETING</u></p> Stormwater Inspector: _____ Phone: _____