

PERMIT NUMBER: _____
DATE PERMIT ISSUED: _____

**CITY OF MEDINA
GRADING and EROSION CONTROL
PERMIT AND PERMIT APPLICATION**

Date: _____

PROPERTY INFORMATION:

- Owner of Property: _____
- Address of Property: _____
- Medina City Lot #: _____ Permanent Parcel No. _____

APPLICANT INFORMATION:

- Applicant Contact Name: _____ Phone #: _____
- Mailing Address: _____
- Work to be performed by (circle one) APPLICANT CONTRACTOR
 - If work to be completed by Contractor, submit contractor information:
 - Name of Contractor: _____
 - Address of Contractor: _____
 - Phone # of Contractor: _____

PROJECT INFORMATION:

- Name of Project: _____
- Total Disturbed Area (SF or Acres): _____
- Description of Project/Activity: _____

- Anticipated start date of work: _____
- Anticipated completion date of work: _____
- Permit, Plan, and Drawings **MUST** be submitted before start date of work.

ADDITIONAL INFORMATION (the applicant is advised that dependent upon the nature and size of the individual project, any or all of the following may be required by City Engineer)

- Project Plan (required for all grading projects)
- Erosion Control Plan (required for all grading projects)
- State and/or Federal Permits
- Stormwater Management Analysis
- Additional information and submittals as deemed necessary by the City Engineer

APPLICANT RESPONSIBILITY

If this permit is granted, I/we agree to comply with all the conditions, restrictions and regulations of the City of Medina Engineering Department. I/we also agree to notify the Engineering Department a minimum of 24 hours in advance of any work. I/we also understand that it is solely my/our responsibility to notify the Ohio Utilities Protection Service (OUPS) a minimum of 48 hours in advance of any excavation.

As the party ultimately responsible for this project, I agree to and understand that I may be charged a permit fee, a review fee, and additional inspection fees in regard to this permit application.

I certify that the information submitted herein is correct as submitted.

I hereby authorize access to inspectors from the City of Medina Engineers office as necessary for purposes of inspection of the activities permitted within this application as required.

_____	_____
Applicant Signature	Date
_____	_____
Owner Signature (if different than applicant)	Date

Status of Permit:
(To be completed by Engineering Department)

_____ Approved (approval date: _____)

_____ Rejected (rejection date: _____)

Reason for Rejection: _____

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- Reviewer's Signature: _____

Inspection Record:
(To be completed by Inspector):

- Date of First Inspection: _____
 - Accepted?: _____YES _____NO
 - If no, state reason: _____

 - Inspector's Signature: _____
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- Date of Second Inspection: _____
- Accepted?: _____YES _____NO
 - If no, state reason: _____

- Inspector's Signature: _____