

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: _____

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: _____