

City of Cañon City Engineering Department
128 Main St., P.O. Box 1460 - Cañon City, CO 81215-1460
Phone: (719) 269-9011 Fax: (719) 269-9017

Permit # _____
Date Paid: ____ / ____ / ____
Check ____ Cash ____
Activation Date: _____

DRAINAGE EROSION & SEDIMENT CONTROL (DESC)

PERMIT APPLICATION

1. Permit Applicant (Must be the Responsible Party):

Name: _____
Address: _____, City, _____, State: _____, Zip: _____
Phone (____) _____, Email: _____
Applicant (circle one): **Owner** **Developer** **Contractor/Builder**

2. Location Information:

Street Address (or Cross Streets): _____
Name of Project or Development: _____
Legal Description: Section; Township; Range; Subdivision, Block & Lot

3. Permit Requirements:

Building Permit #: _____ Fee Enclosed : \$20.00

4. Contact Information (as applicable):

Builder: _____ Phone: _____
Project Manager: _____ Phone: _____

I have read, understand, and will abide by the requirements of Part 8 – “*Single Family Residential Drainage, Erosion and Sediment Control*”, of the City of Cañon City’s Grading Erosion and Sediment Control Plan Manual. I understand that failure to do so may result in issuance of a Stop Work Order and/or prosecution for violation of City of Cañon City Ordinance.

Signature/Title of Legally Responsible Person

Date

COCC Engineering Dept. Approval/Acceptance

Date