



EROSION AND SEDIMENT CONTROL SUBMISSION FORM

Part 1. LAND OWNER(S)			
Name:		Name:	
Address:		Address:	
Telephone:		Tel:	

Part 2. AGENT			
Name:			
Address:			
Telephone:		Email:	

Part 3. EROSION AND SEDIMENT CONTROL SUPERVISOR			
Name:			
Company:		24 hr Tel:	
Address:		Cel:	
		Email:	

Part 4. IDENTIFICATION OF LAND WHERE CONSTRUCTION WILL OCCUR			
Legal Description:			
Civic Address:			
Size of Developable Area* (approximate hectares):		Expected Start date (dd/mm/yr):	___/___/___
		Expected Finish date:	___/___/___

**Developable Area means all lands subject to development*

Minimum Bylaw Requirements: these requirements must be met for the ESC Plan to be accepted. Failure to adequately address any of these requirements may result in plans being returned for revision.

	Included
1. Plan is presented in four stages (where applicable): a. Clearing, Grubbing and Grading b. Installation of Services c. Building Construction d. Warranty Period	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Information on proposed measures to address the erosion and sediment control requirements for clearing limits, cover measures, perimeter protection, traffic area stabilization, sediment retention, surface water control and dust control, with source controls being the primary method of erosion and sediment control	<input type="checkbox"/>
3. Locations of limits of disturbance for each of the phases of construction and development	<input type="checkbox"/>
4. Locations of all proposed ESC Facilities to be implemented on site	<input type="checkbox"/>
5. For each ESC Facility: a. the design and installation specifications	<input type="checkbox"/>

REVERSE OF EROSION AND SEDIMENT CONTROL SUBMISSION FORM

b. the maintenance requirements	<input type="checkbox"/>
6. If utilizing Treatment Chemicals, technical specifications including ecological toxicity data from the Treatment Chemical manufacturer	<input type="checkbox"/>
7. Proposed site access locations (interim and final)	<input type="checkbox"/>
8. Acceptable entrance / egress protection (wheel wash, rumble strip etc), curb let downs (not dirt)	<input type="checkbox"/>
9. Proposed methods to restore disturbed areas following completion of construction and development	<input type="checkbox"/>
10. Property lines and other legal designations of the subject property/properties	<input type="checkbox"/>
11. Location of existing underground services, and proposed connections to existing services from the site	<input type="checkbox"/>
12. Location of existing drainage infrastructure, and protection measures for it	<input type="checkbox"/>
13. Location of existing and proposed watercourses, ditches, swales or other body of water within 50 m of site & protection measures	<input type="checkbox"/>
14. Locations of existing and proposed buildings	<input type="checkbox"/>
15. Existing and proposed contours & spot elevations	<input type="checkbox"/>
16. Other details describing construction methods and performance	<input type="checkbox"/>

(boxes must be ✓ checked before submission)

- ESC Plan is attached that conforms to the City’s drafting standards and includes the minimum requirements as set out above
- ESC Supervisor’s Letter of Appointment is attached and signed by ESC Supervisor

I hereby declare that the information included in this form is correct and true as well as all information provided on the ESC Plan attached and submitted herewith. I promise to construct the ESC Facilities in accordance with the ESC Plan. The ESC Supervisor identified on this form has the authority to modify or halt any construction activity if it is deemed necessary to do so to ensure compliance with the ESC Bylaw. I am aware of the provisions of the Erosion and Sediment Control Bylaw, and I will abide by all applicable provisions of said Bylaw and such other terms and conditions as may be imposed by the City.

Dated: _____

Signature of Landowner or Authorized Agent: _____

Name of Landowner or Authorized Agent: _____

City of Abbotsford
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 Abbotsford, BC V2T 1W7
 Tel: 604-853-2281
 Web: www.abbotsford.ca

Office Use Only:

RECEIVED BY THE CITY on _____ by _____