



CITY OF FOUNTAIN

Permit # _____

GRADING AND EROSION CONTROL (GEC) PERMIT FOR CONSTRUCTION (Permit is valid for 14 days)

ACTIVITIES

Permit Fee \$100

10,000 SF or More Disturbance

(Minimum of 3 working days may be required for approval)

CONSTRUCTION ACTIVITY INFORMATION

Construction Activity Location (Street Address or Nearest Cross Street)	Tax Schedule #	Anticipated Start Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Area of Project Site (AC)	Total Area of Construction Disturbance (AC)	Subdivision Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this activity part of a larger plan of development? Yes No Financial Assurance Estimate \$ _____

Nature of Construction Activity: Single Family Residential Multi-Family Residential Utilities
 Commercial Development City Project Roadway

OWNER CONTACT INFORMATION

Name of Company/Owner	Contact Name	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Work	<input type="checkbox"/> Cell
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In consideration for the granting of this permit by the City of Fountain, I hereby give permission for City staff or City contractors to enter upon my property for the purposes of site inspection and investigation. If the City does any work on the project site, I understand that the City will use the funds available from the financial assurances which I submitted to guarantee the performance of this work to pay for the City's costs and expenses. I hereby acknowledge that total sum of the financial assurances submitted can be utilized as necessary to stabilize the site. I hereby certify I have obtained a copy of Chapter 12.04 of Fountain's Municipal Code pertaining to grading and am responsible for complying with the regulations contained therein.

Owner's Signature	Date
<input type="text"/>	<input type="text"/>

APPLICANT CONTACT INFORMATION

Name of Applicant	Company Name	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Work	<input type="checkbox"/> Cell
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Applicant's Signature	Date
<input type="text"/>	<input type="text"/>

Applicant must notify the City of Fountain no less than 24 hours for inspection before site disturbance at (719) 393-4930

CONTRACTOR CONTACT INFORMATION

Name of Contractor Representative	Company Name	Business License #:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Street	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Work	<input type="checkbox"/> Cell
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Contractor's Signature	Date
<input type="text"/>	<input type="text"/>

PERMIT AUTHORIZATION

City of Fountain GEC Inspector Signature	Date
<input type="text"/>	<input type="text"/>

Approved Grading and Erosion Control Plan

Effective Date 3/2020