

APPENDIX F-1

City of Cañon City Engineering Department
128 Main St., P.O. Box 1460 - Cañon City, CO 81215-1460
Phone: (719) 276-5265 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 7 – “*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