

# EROSION & SEDIMENTATION CONTROL REVIEW APPLICATION

**City of Melbourne**



Project Name		City Project No.	
Project Address	DATE RECEIVED		
Applicant Name			
Contact			
Address			
City, State, Zip			
Phone			
Fax	(      )	Email	

Starting Date		Estimated Completion Date	
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Signature	✕	Date	
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**THIS IS NOT A PERMIT.**

**APPLICANT MUST APPLY TO THE BUILDING DEPARTMENT FOR A TREE PERMIT PRIOR TO COMMENCING ANY CLEARING ACTIVITY.**

(This form must be approved by Engineering and then submitted with a Tree Permit application to the Building Dept.)

**City of Melbourne Project Engineer Comments**

  
  
  
  
  
  
  
  
  
  

**Engineering Approval:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Application Fee	<b>\$124.00</b>
Date Received	