

# Town of North Smithfield

Office of the Building and Zoning Official

## EROSION AND SEDIMENT CONTROL

DATE: \_\_\_\_\_ PLAT: \_\_\_\_\_ LOT: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY / TOWN \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
JOB LOCATION: \_\_\_\_\_

### "SUMMARY OF ACTIVITY"

1. Construction time (number of weeks): \_\_\_\_\_
2. Total area being cleared: \_\_\_\_\_ sq. ft.
3. Any disturbance within 100 feet of any water course? \_\_\_\_\_
4. Any slopes – 10% or greater: \_\_\_\_\_
5. Are haybales or silt fences being used? \_\_\_\_\_  
5A. If yes, describe briefly: \_\_\_\_\_  
\_\_\_\_\_
6. Any removal of gravel from Site: \_\_\_\_\_  
6A. If yes, how many cubic yards? \_\_\_\_\_
7. Work is being supervised by: \_\_\_\_\_
  - A. General Contractor - Name: \_\_\_\_\_
  - B. Certified Engineer - Name: \_\_\_\_\_
  - C. Landscape Architect - Name: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE...FOR OFFICIAL USE ONLY

Determination:

INSIGNIFICANT



SIGNIFICANT



Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

