



**Minneapolis Development Review**  
 250 South 4<sup>th</sup> Street – Room 300  
 Minneapolis, MN 55415 – 1316

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 TTY 612-673-2157  
 www.ci.minneapolis.mn.us/mdr

<i>Office Use Only</i>	
Routing# _____	T# _____
Amount\$ _____	Permit# _____
Development Coordinator _____	_____
Signature	Date

## SOIL EROSION APPLICATION

JOB ADDRESS (PLEASE INCLUDE BLDG.#, STREET NAME & DIRECTION & BLDG NAME IF KNOWN)	
OWNER / OCCUPANT NAME:	OWNER / OCCUPANT PHONE:

\* An Erosion Control Permit is required for any land disturbance activity in excess of 500 square feet (or 5 cubic yards). An Erosion Control Plan (per MCO 52.100) is required when land disturbance activities exceed 5000 square feet (or 500 cubic yards). Public Works approval is required for all Erosion Control Plans.

What is your land disturbance activity? (Please check all that apply)	Single Family	All other property types	> 500 sq ft disturbed (permit required)	> 5000 sq ft disturbed (plan required)
Grading, landscaping, paving, sidewalk, driveway, curb cut				
New Building Construction or an addition				
Wrecking a building				
Trenching				
Other (Please specify) _____				

**Additional Information/ Scope of Work:**

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I certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business license or professional license. Homeowners shall not hire unlicensed persons to perform work under any building, electrical, mechanical, or plumbing permit.	
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
COMPANY NAME:	CONTRACTOR LICENSE #
COMPANY ADDRESS:	CONTACT PERSON:
CITY:                                  STATE:                                  ZIP CODE:	CONTACT PHONE #:

MAKE CHECKS PAYABLE TO: **MINNEAPOLIS FINANCE DEPARTMENT**, OR CHARGE TO

<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS CLUB	ACCOUNT#	EXP DATE: Mo ___ Yr ___
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<b>FOR PUBLIC WORKS DEPARTMENT USE ONLY</b>	
PUBLIC WORKS APPROVAL _____	DATE _____