



714 Lacey Road, Forked River, NJ 08731 Tel (609) 971-7002 Fax (609) 971-3391
www.SoilDistrict.org

RECERTIFICATION FORM

I hereby formally request recertification of the Soil Erosion and Sediment Control (SESC) plan for a period of 3 1/2 years for the following project:

- 1. Name of Project: _____
- 2. SCD Application No: _____ Municipality: _____
Block(s): _____ Lot(s): _____ (attach additional pages if needed)
- 3. Project Owner Name: _____
Address: _____

Daytime Phone: _____ Fax: _____
Email: _____
- 4. Date of Plan: _____ Date of Last Revision (if any): _____

I certify that all revisions to the SESC plan have been certified by the District and agree as follows:

- a. Approval of this request will confer recertification of the existing SESC plan and allow for continuation of the project.
- b. Recertification extends the requirements of the previous application identified in (2) above which shall be appended herewith.
- c. All terms and conditions regarding compliance with this application and certified plan shall remain in effect including payment of all fees prescribed by the District fee schedule.
- d. That upon completion of the project, the District will be promptly notified. Authorization to occupy or otherwise utilize the project is conditioned upon District issuance of a Report of Compliance with the certified plan.
- e. Where changes to the application have occurred including ownership, a revised and signed application form shall be included with this request for Recertification. If no revised application is forwarded, the applicant certifies that no changes to the SESC Plan or Application have been made.

Applicant Certification*

Signature of Applicant

Date

Applicant Name (print)

Cell Phone (if different than above)

*If other than Project Owner, written Property Owner Authorization is required. (See reverse side)

This request has been: Certified Certified w/Conditions Denied

Signature of District Official

Date

Property Owner Authorization Form

Name of Project _____

Block(s): _____ Lot(s): _____

Street Address _____

Municipality _____

Property Owner's Name _____

Property Owner's Company Name (If Applicable) _____

Address _____

Daytime Phone: _____ Fax: _____

Email: _____

Applicant's Name _____

Applicant's Company Name (If Applicable) _____

Address _____

Daytime Phone: _____ Fax: _____

Email: _____

I, _____, authorize _____

(Print Name of Owner)

(Print Name of Applicant)

To act on my behalf for the Soil Erosion and Sediment Control Plan and Application for the above referenced property.

Signed _____ Date _____

(Signature of Property Owner)