

**New Jersey Natural Resources
Conservation Program**

Application Number

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The enclosed soil erosion and sediment control plan and supporting information are submitted for certification pursuant to the Soil Erosion and Sediment Control Act, Chapter 251, P.L. 1975 as amended (NJSA 4:24-39 et. seq.) An application for certification of a soil erosion and sediment control plan shall include the items listed on the reverse side of this form.

Name of Project		Project Location: Municipality	
Project Street Address		Block	Lot
Project Owner(s) Name		Phone # Fax #	
Project Owner(s) Street Address (No P.O. Box Numbers)		City	State Zip
Total Area of Project (Acres)	Total Area or Land to be Disturbed (Acres)	No. Dwelling or other Units	Fee \$
Plans Prepared by*		Phone # Fax #	
Street Address		City	State Zip

Agent Responsible During Construction				
Street Address				
City	State	Zip	Phone	Fax #

1. To notify the District in writing at least 48 hours in advance of any land disturbance activity. Failure to provide such notification may result in additional inspection fees.
2. To notify the District upon completion of the Project (Note: No certificate of occupancy can be granted until a report of compliance is issued by the District.
3. To maintain a copy of the certified plan on the project site during construction.
4. To allow District agents to go upon project lands for inspection.
5. That any conveyance of this project or portion thereof prior to its completion will transfer full responsibility for compliance with the certified plan to any subsequent owners.
6. To comply with all terms and conditions of this application and certified plan including payment of all fees prescribed by the district fee schedule hereby incorporated by reference.

required. Soil Erosion and Sediment Control Plan certification is limited to the controls specified in the plan. It is not authorization to engage in the proposed land use unless such use has been previously approved by the municipality or other controlling agency.

1. Applicant Certification* <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature Date </div> <div style="border-top: 1px solid black; padding-top: 5px;">Applicant Name (Print)</div>	3. Plan determined complete: <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature of District Official Date </div>
2. Receipt of fee, plan and supporting documents is hereby acknowledged: <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature of District Official Date </div>	4. Plan certified, denied or other actions noted above. Special Remarks: <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature of District Official Date </div>

SSCC251 API0 4/99

ADDENDUM

OWNERSHIP DISCLOSURE AFFIDAVIT

APPLICATION BY CORPORATION OR PARTNERSHIP

All applicants for Soil Erosion and Sediment Control Plan Certification are requested to submit a list of project owners on this form for purposes of determining potential conflicts of interest between the applicant and Soil Conservation District Officials. Attach rider if necessary.

A Corporation must also indicate its Registered Agent and Officers.

A Corporation or Partnership applying to the Soil Conservation District for plan certification, or applying for other approvals shall list the names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class, or at least 10% of the interest in the partnership, as the case may be.

This disclosure requirement is continuing during the Certification period. Any transfer of ownership of more than 10% must be disclosed to the District.

☐ Check this box if sole owner/proprietor. Print and sign name below.

Name and Address of Applicant

If Corporation: Name and Address of Registered Agent and Officers:

Stockholders/Partners with more than 0% ownership in the projects:

1.	<hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/>
3.	<hr/> <hr/> <hr/>
4.	<hr/> <hr/> <hr/>

Sworn to and subscribed before me

This Day of 20

Print Name of Authorized Signatory

Authorized Signature/Date

Title

NOTARY PUBLIC OF NEW JERSEY