

**48 HOUR ADVANCE NOTIFICATION OF SOIL DISTURBANCE
OCSCD FAX NO. 609.971.3391**

SOIL EROSION AND SEDIMENT CONTROL ACT

N.J.S.A. 4:24-39, ET SEQ.

CHAPTER 251, P.L. 1975

OCSCD APPLICATION NO. SCD# _____

OCSCD CERTIFICATION DATE _____

LATEST PLAN REVISION DATE _____ (if applicable)

NAME OF PROJECT _____

BLOCK(S) & LOT(S) _____

PROJECT STREET ADDRESS _____

MUNICIPALITY _____

JOB SUPERVISOR / FIELD AGENT'S NAME _____

TELEPHONE _____ **CELL** _____ **FAX** _____

EMAIL _____

MAILING ADDRESS _____

OWNER'S NAME _____

TELEPHONE _____ **CELL** _____ **FAX** _____

EMAIL _____

MAILING ADDRESS _____

DATE OF PRE-CONSTRUCTION MEETING _____ (if known)

PROPOSED DATE CONSTRUCTION WILL BEGIN _____

***This form must be received by the District at least 48 hours before construction is to start.
Failure to do so may result in a \$300.00 non-compliance fee and Violation Notice.***

Submitted By (Please Print Name)

Date