



Smithfield City Offices  
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# Construction Activity Permit Application

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Site Contact / Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

## Project Information

Parcel Number: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Site Address: \_\_\_\_\_

## Submittal Requirements:

- Commercial: Two (2) sets of plans, 18" x 24" minimum, plus narration
- Residential: Two (2) sets of plans, 8-1/2 x 11" minimum, plus narration
- \_\_\_\_\_ Size of water meter to be installed by Smithfield City.

## Please mark the following that pertain:

### Project Type

### Project Details

- Single Family/Duplex/Town home . . . . . # of Units \_\_\_\_\_ Approx. Acres \_\_\_\_\_
- Multiple Family . . . . . # of Units \_\_\_\_\_ Approx. Acres \_\_\_\_\_
- Remodel or Addition (Involving grading) . . . . . Approximate Acres \_\_\_\_\_
- Commercial Development . . . . . Acres Disturbed \_\_\_\_\_
  - Commercial       Residential

Other: \_\_\_\_\_ Approximate Acres: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Approval Signature

\_\_\_\_\_  
 Date

## SECTION 1: SITE EVALUATION, ASSESSMENT, AND PLANNING

### 1.1 Project Information

Project Address:			
City:		State:	Zip Code:

### Construction Site Estimates

Total Project / Site Area (Acres):	
Project / Site area to be disturbed (Acres):	
Percentage impervious area before construction:	
Percentage impervious area after construction:	

### Emergency 24-Hour Contact:

Company Name:	
Contact Person:	
Telephone Number:	
Email Address:	

### 1.2 Nature and Sequence of Construction Activity

What is the function of the construction activity?

Residential  Commercial

Estimated Project Start Date:

Estimated Project Completion Date:

### 1.3 Potential Sources of Pollution

Check with an X the activities that apply to your project

#### Activities

Clearing, grading, excavating, and un-stabilized areas	Material use during building process	
Paving operations	Solid waste disposal	
Concrete washout, stucco and cement waste	Hazardous Waste, contaminated spills	
Structure construction, painting, cleaning	Sanitary waste	
Demolition and debris disposal	Vehicle/equipment fueling, maintenance, use and storage	
Dewatering operations	Landscaping operations	
Material Delivery and storage	<i>Describe others</i>	

## SECTION 2: EROSION AND SEDIMENT CONTROL BMPS

### 2.1 Control Storm Water Flowing onto and through the Project.

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

### 2.2 Establish Stabilized Construction Entrance & Exits. (*Track out Pad*)

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

### 2.3 Additional BMPS.

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

## SECTION 3: GOOD HOUSEKEEPING BMPS

### 3.1 Designate Washout Areas (*Concrete washout, stucco, paint, insulation, etc.*)

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

### 3.2 Establish Proper Building Material Staging Areas.

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

### 3.3 Material Handling and Waste Management (*Trash disposal, sanitary waste, proper material handling*)

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

*Repeat as needed*

**3.4 Any Additional BMPs.** *Give example of possible scenario, give example of BMPs (Street sweeping, etc)*

BMP Description:	
Installation Schedule:	
Maintenance Inspection:	
Responsible Staff:	

**SECTION 5: INSPECTIONS**

**5.1 Inspections**

1. Municipal Inspection Personnel: Ryan Gleason: Registered Storm Water Inspector, Clay Bodily: Storm Water Supervisor / City Engineer

2 On-Site Inspection Schedule:

- At least once every 7 calendar days; or
- At least once every 14 calendar days and within 24 hours of the end of a storm event of 0.5 inches or greater.

**SECTION 6: CERTIFICATION AND NOTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_