

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 _____

MAILING ADDRESS _____

OWNER'S NAME _____

TELEPHONE _____ CELL _____ FAX _____

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