



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 Last Revision to Site Plan: \_\_\_\_\_ Date of Last Revision to SE&SC Plan (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 any 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.

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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.  
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This request has been:                      Certified                      Certified w/Conditions                      Denied

\_\_\_\_\_  
Signature of District Official

\_\_\_\_\_  
Date