



DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES

Charlene Carveth
Agricultural Commissioner
Sealer of Weights and Measures

311 Fair Lane
Placerville, CA 95667
(530) 621-5520
(530) 626-4756 FAX
eldcag@edcgov.us

Agricultural Grading Application

Site Location:

Assessor's Parcel Number(s): _____

Physical Address: Street _____

City: _____ State: _____ Zip Code: _____

Total acreage of parcel: _____

Pesticide Permit/ID Number: _____

Driving Directions:

Property Owner: _____ Phone #: _____

Cell phone: _____ Fax #: _____

Mailing address: Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Onsite Contact Person (Manager, Contractor, etc.):

Business phone: _____ Cell phone: _____

Fax #: _____

Mailing address: Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Crop Type: _____ Acres: _____ Crop Type: _____ Acres: _____
Crop Type: _____ Acres: _____ Crop Type: _____ Acres: _____

Soil Type(s): _____

Percent slope of grading project location: _____

Previous land use (type of crop, range, woodland, etc.): _____

Tillage plan:

Deep ripping? Yes No Disking? Yes No Tree removal? Yes No

If trees are to be removed, list species? _____

Will agricultural grading project require terracing? Yes No

Sensitive areas (critical areas that may have serious erosion and sedimentation potential or areas that may need to be protected from erosion and sedimentation). Please describe and attach site plan:

Erosion and sediment control: List best management practices to be used, as adopted by the Board of Supervisors and found at the following website:

**http://www.edcgov.us/Government/Ag/Ag_Grading_Permits_and_BMP_s.aspx and provide implementation dates:

<u>BMP Code Number</u>	<u>BMP Description</u>	<u>Implementation date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information provided is correct and valid:

***Owner Signature:** _____ **Date:** _____

*Application must be signed by the owner of the property unless a letter, signed by the owner authorizing you as the designee, is attached.

-OFFICE USE ONLY-

Date Received:	_____	Fee Paid:	_____
Check #	_____	Receipt #	_____
Date Approved:	_____	Approved By (initials)	_____