



## DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES

**Charlene Carveth**  
Agricultural Commissioner  
Sealer of Weights and Measures

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### Agricultural Grading Application

#### Site Location:

Assessor's Parcel Number(s) \_\_\_\_\_

Physical Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Total acreage of parcel: \_\_\_\_\_

Present zoning: \_\_\_\_\_ In an Ag District? Yes / No

Water Source: \_\_\_\_\_ 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: \_\_\_\_\_

Proposed Agricultural Crop(s) and Associated Acres:

\_\_\_\_\_

(Please attach a copy of your schedule for planting crops in the graded area)

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 websites:

\*\*\* <http://www.cabmphandbooks.com/Construction.asp> OR

\*\*\* <http://www.co.el-dorado.ca.us/ag/bmps.html>

and provide implementation dates:

BMP Description

Implementation date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*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-**

<b>Date Received:</b>	_____	<b>Date of Site Visit:</b>	_____
<b>Application #</b>	_____	<b>Exemption:</b>	_____
<b>Date Approved:</b>	_____	<b>Approved By (initials)</b>	_____