

**AGREEMENT IN LIEU OF EROSION & SEDIMENT CONTROL PLAN  
FOR A SINGLE FAMILY RESIDENCE**

Application Date: \_\_\_\_\_ Tax Map / Parcel Number: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_ Land Disturbing Permit No.: \_\_\_\_\_

Project Address: \_\_\_\_\_

In lieu of submission of an Erosion and Sediment Control Plan for the construction of this single family dwelling, I agree to comply with any reasonable requirements determined necessary by the employees of the City of Galax representing the Erosion and Sediment Control Program Administrator. Such requirements shall be based on the conservation standards contained in the City of Galax Erosion and Sediment Control Ordinance and shall represent the minimum practices necessary to provide adequate control of erosion and sedimentation on or resulting from this project.

I further understand that failure to comply with such requirements within three working days following notice by the representatives of the City of Galax could result in citation for violation of the City of Galax Erosion and Sediment Control Ordinance.

**Specific Measures Required by the Plan Approving Authority:**

1. Install a construction entrance and install temporary erosion and sediment control devices as the first steps of the land disturbing activity.
2. All sediment transported onto a paved or public road shall be removed at the end of each workday.
3. Surface runoff from the disturbed areas shall be controlled by silt fence, or other approved methods.
4. All denuded areas shall be stabilized within 7 days of final grading with permanent vegetation or a protective ground cover suitable for the time of the year.
5. Please contact City of Galax Environmental Program Manager for details concerning the maintenance for each Erosion and Sediment Control practice/device used.

Signature of Landowner: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner Name (PRINT): \_\_\_\_\_

Party Responsible for E&S Control (if different from landowner): \_\_\_\_\_

Landowner Address: \_\_\_\_\_

Landowner Telephone: \_\_\_\_\_ Responsible Party Telephone: \_\_\_\_\_

Landowner Email: \_\_\_\_\_

Indicate if the City of Galax may transmit correspondence regarding this agreement electronically:

Yes  No

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_