



Department of Public Works

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EROSION CONTROL NOTICE OF TERMINATION

Erosion Control Permit Number: _____

Project Name: _____

Site Address: _____

Permittee: _____

Date: _____

Termination of erosion control permit coverage is hereby requested for the above-referenced project. The project has been stabilized for a minimum of sixty (60) days and all Erosion Control BMPs have been removed.

Signature Line