



City of Champaign Engineering Division  
 702 Edgebrook Drive Champaign, IL 61820  
 Phone 217-403-4710 Fax 217-403-4755

Date Received _____	Permit Number _____
Site Visit Date _____	
Permit Fee _____	Check No. _____
<b>Permit Fees- \$500 for first 5 acres and \$20 per additional acre</b> <b>Make check payable to City of Champaign</b>	

**CLASS 1 LAND DISTURBANCE PERMIT FORM**

**(Land Disturbances that require an IEPA ILR-10 permit for one (1) acre or more land disturbance)**

**1. APPLICANT** (Please check if applicant is the landowner or designated agent\*)

Name _____		Landowner _____	Designated Agent* _____
Address _____			
City _____	State _____	Zip Code _____	Area Code/Telephone Number _____

**2. ENGINEER**

Name _____			
Address _____			
City _____	State _____	Zip Code _____	Area Code/Telephone Number _____
License # _____	State _____	License Expiration Date _____	

**3. LOCATION**

Subdivision Name _____	
Subdivision Lot No.   Tax ID Number _____	
Street Address _____	

**4. PROPOSED EARTH CHANGE**

**ILR-10 Permit No.** \_\_\_\_\_

Project Type: Residential Commercial Industrial (Copy must be attached)

**5. Name and Telephone Number of on-site responsible person**

Name _____	Area Code/Telephone Number _____
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I (we) affirm that the above information is accurate and that I (we) will conduct the above described earth change in accordance with Part 91 Soil Erosion and Sedimentation Control, of the Natural Resource and Environmental Protection Act, 1994 PA. No. 451 as amended, applicable local ordinances, and the documents accompanying this application.

I (we) request the City’s Erosion Control Inspector to inspect and approve work completed in accordance with the approved Erosion and Sediment Control Plan.

\_\_\_\_\_  
 Landowner’s Signature Print Name Date

\_\_\_\_\_  
 Designated Agent’s Signature Print Name Date

**6. Soil Erosion and Sedimentation Control Plan**

Attach applicable standard detail(s) to the application form.